BDR- 2022-5156

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322460

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

PIN # 4751 -14 -9411

APPLICANT/OWNER: Kalani & Aundria Polite APPLICANT ADDRESS: 831 Perth Rd, Troutman

SITE ADDRESS: 420 Pilch Rd, Troutman PHONE: 704-712-7460 ALT. PHONE 843-270-9355

SITE DIRECTIONS: 21 S - Oswalt Amity - Pilch SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Jency C Saunders + Mallard R Cowan SECTION: LOT # 2 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .3

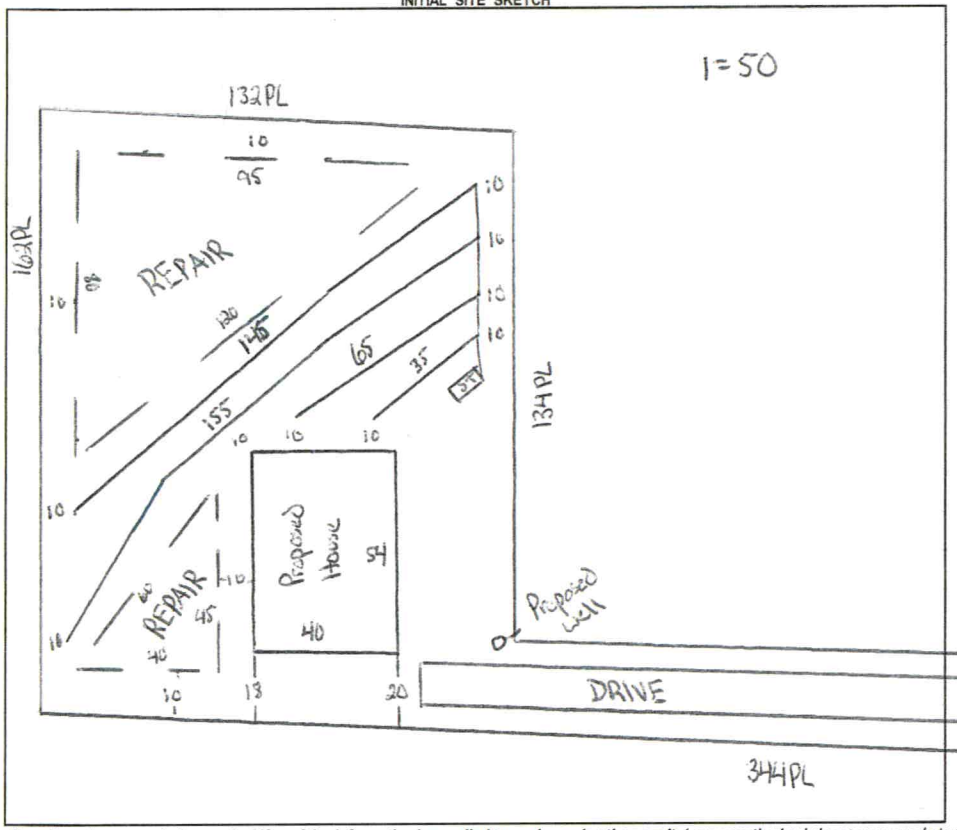
Septic Tank	1000	(gal)	STB 760	Date 6/21/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #	Repair System Description: DRIP		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	30" max	Gravel Depth		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour with the land. Do not grade, park, or drive on septic area.

* Remove all debris from repair area prior to OP *

Deeded Book 76 Page 100

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Installed as drawn.

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: 10/24/22 Installed by: Michael Powell

IMPROVEMENT PERMIT by: Cary Hill Date: 10/18/22 OPERATION PERMIT by: Sara Williams Date: 8/1/23

AUTHORIZATION TO CONSTRUCT by: Cary Hill Date: 10/18/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

(B8) BLDR-2022-5156

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322460

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

PIN # -- --

APPLICANT/OWNER: Hakani & Aundria Polite APPLICANT ADDRESS: 831 Perth Rd, Troutman

SITE ADDRESS: 420 Pilch Rd, Troutman PHONE: 704-712-7460 ALT. PHONE 843-270-9355

SITE DIRECTIONS: 21 S - Oswalt Amity - Pilch SAP CONTROLLED: ☐ YES ☒ NO

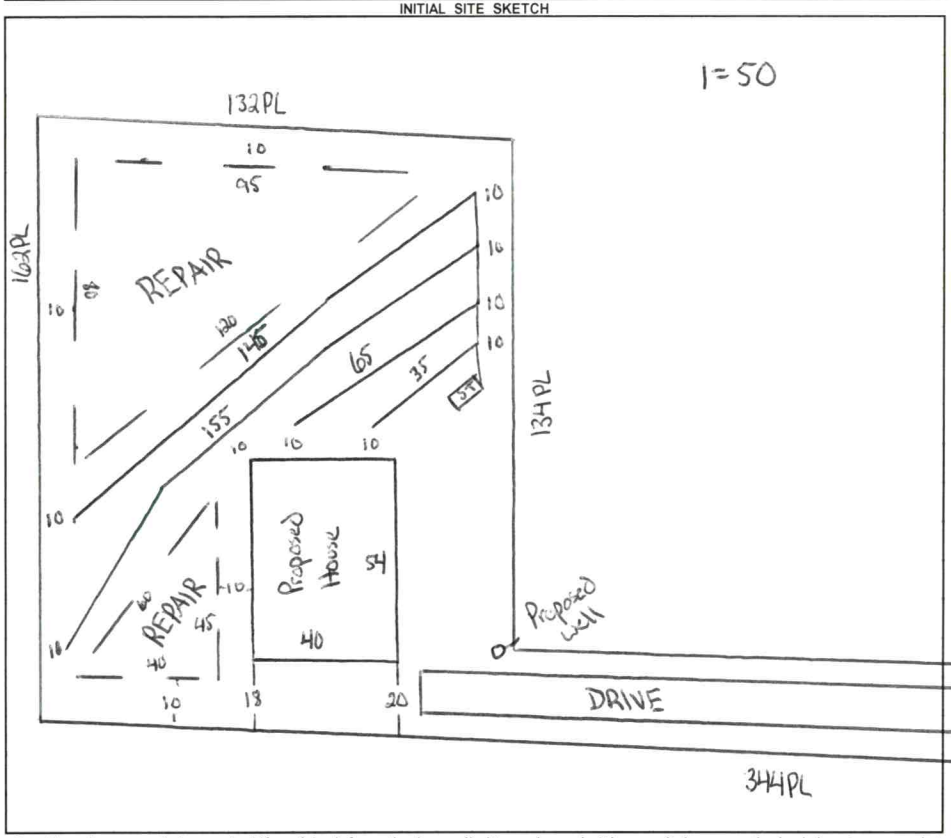
SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	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:	DRIP			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	30" max	Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install lines on contour with the land. Do not grade, park, or drive on septic area.

* Remove all debris from repair area prior to OP *
Deeded Book 76 Page 100

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: 10/24/22 Installed by:

IMPROVEMENT PERMIT by: Cory Hill Date: 10/18/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 10/18/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10/18/2022

Owner: Kalani & Aundria Polite
Address: 831 Perth Rd, Troutman, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 422 Pilch Rd, Troutman, NC Permit 322460

I, Kalani Polite, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III_ at Address : 422 Pilch Rd, Troutman, NC Permit 322460

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Kalani & Aundria Polite
Address: 831 Perth Rd, Troutman, NC

Date: 10/18/2022

Subject: Notice of Intent to Revoke: Address : 422 Pilch Rd, Troutman, NC Permit 322460 (Improvement Permit/Construction Authorization

Dear **Kalani & Aundira Polite**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 422 Pilch Rd, Troutman, NC Permit 322460 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

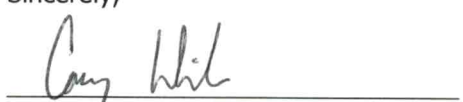
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 10/18/2022 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

BLDR 2022-5156

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP ~~322460~~

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

PIN # 4751 -- 14 -- 9417

APPLICANT/OWNER: Kalani & Aundria Polite | APPLICANT ADDRESS: 831 Perry Rd Troutman, NC 28166

SITE ADDRESS: 420 Pilch Rd Troutman, NC | PHONE: 704 712 7460 | ALT. PHONE

SITE DIRECTIONS: US21 TL Oswalt Amity Rd N 2 miles TL Pilch Rd property on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Jency C Saunders & Millard R. Cowan | SECTION: | LOT # 2 | LOT AREA: 2 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

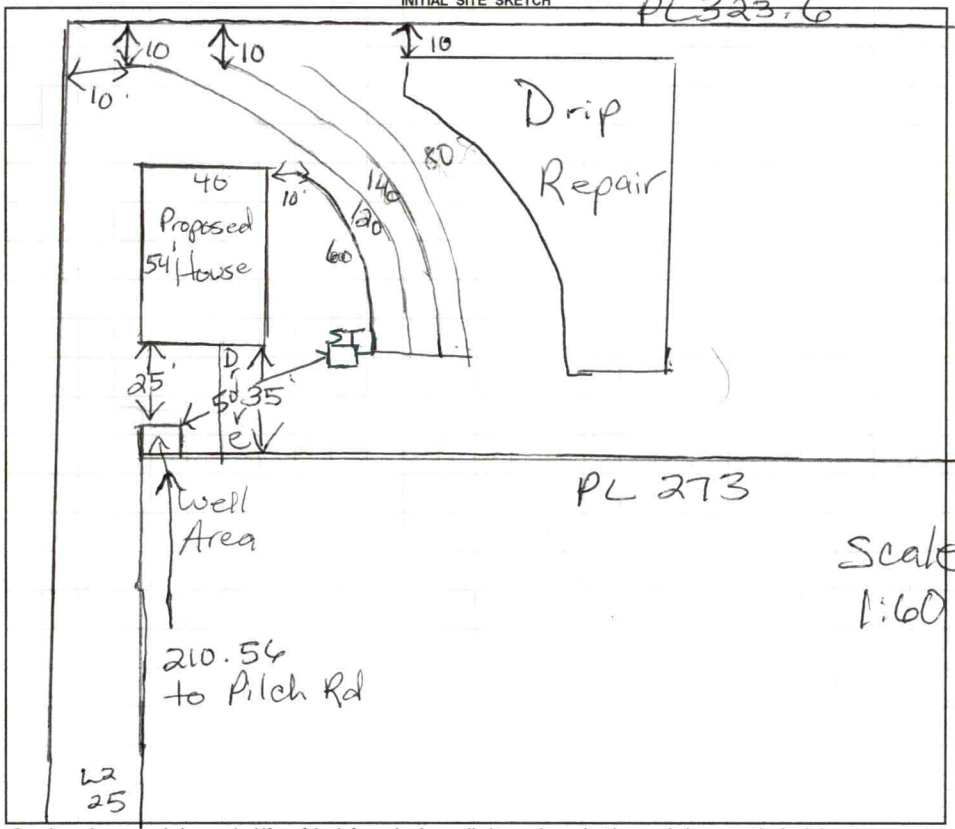
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	Drip Repair			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~ Max	30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

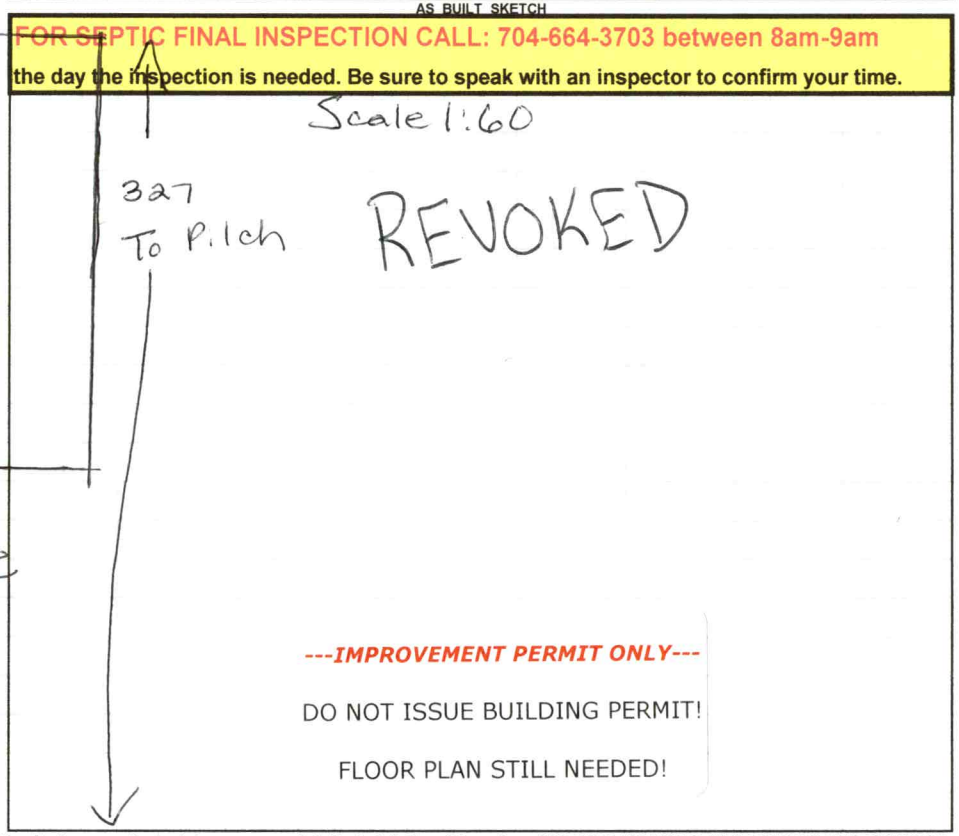
Note: Plans show 4 bedrooms
Divert Storm/Surface water away from Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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☐ **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: Millard R Cowan | Date: 5-5-2022 | Installed by:

IMPROVEMENT PERMIT by: Maria Dotson | Date: 4/30/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: | Date:

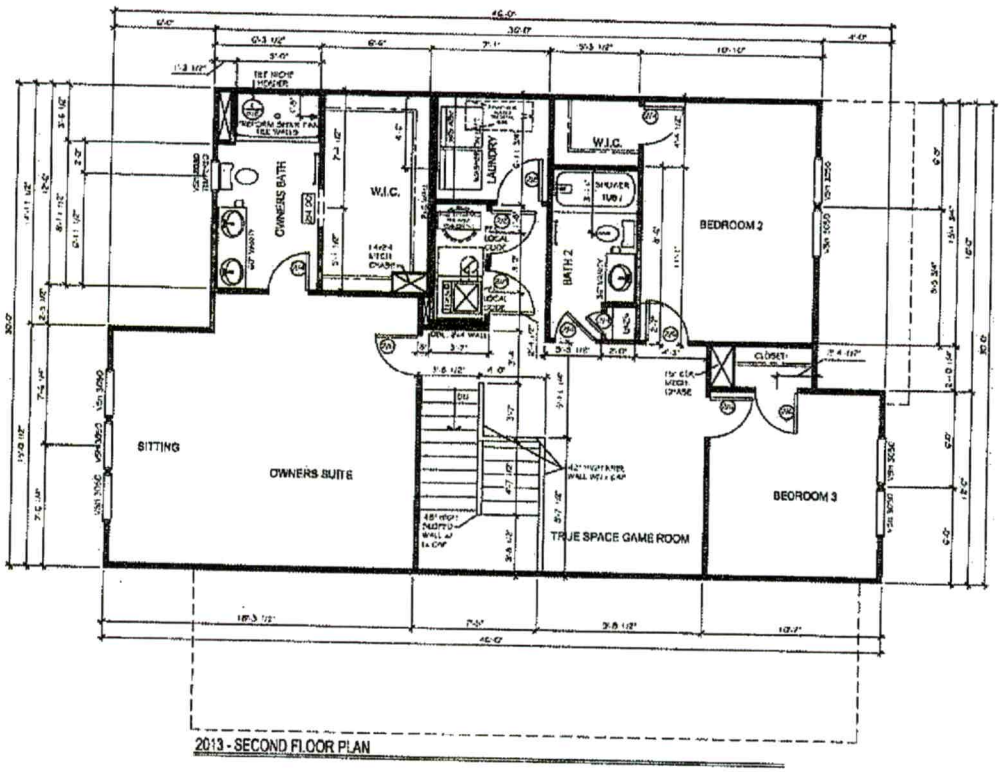
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

46-ft

30-ft



2013 - SECOND FLOOR PLAN

TrueHomes
IT'S ALL ABOUT U
2649 Breland Edge Covino Dr.
Suite 104
Monroe, NC. 28110
704-271-1191

ON YOUR LOT - REGION A

LOT# 1052

HUDSON 2013

IREDELL

PREPARED BY: DEREK
DATE: 07-21-22
SCALE: 3/16"=1'-0"
REVISIONS: NICK

SHEET A2.2

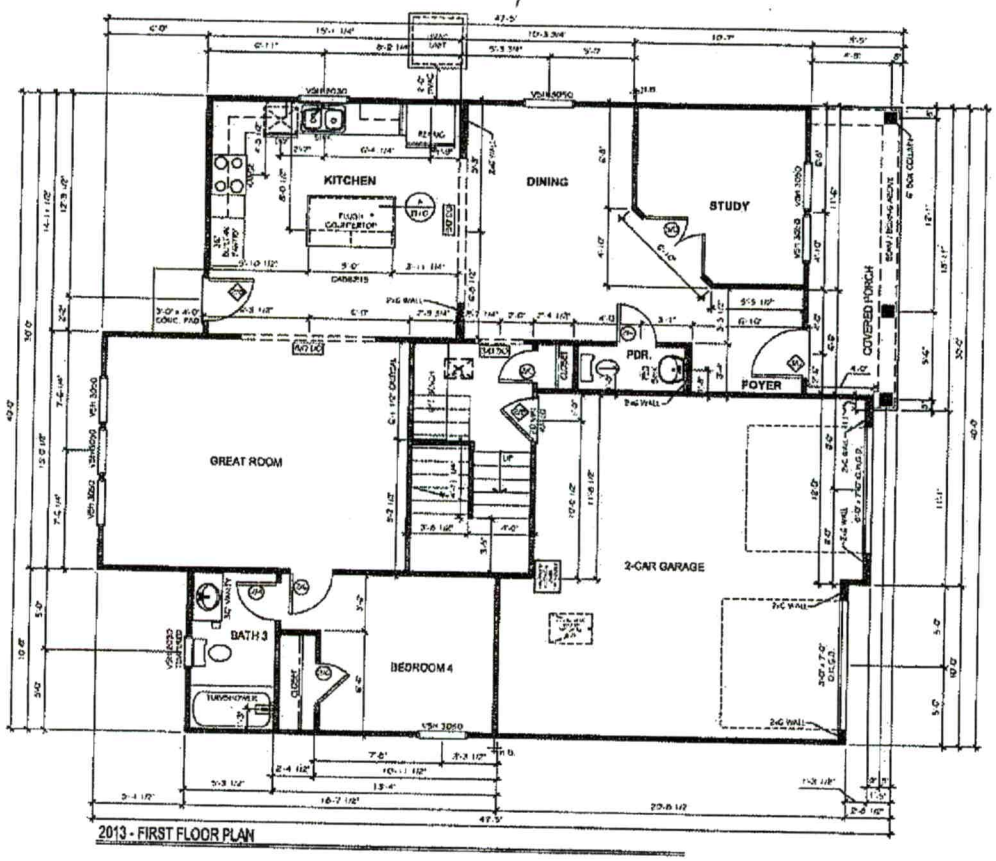
Acknowledgement of Plans Submittal ONLY!

Date 10/24/22

Date 10/24/22

48- ft

40 - ft



TrueHomes
17th ALL ABOUT U
2648 Breckenridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

ON YOUR LOT - REGION A

LOT# 1052

HUDSON 2013

IREDELL

PREPARED BY: DEREK
DATE: 07-21-22
SCALE: 3/16"=1'-0"
REVIEWED BY: NICK

SHEET: A2.1

Acknowledgement of Plans Submittal ONLY:

Customer 9/30/22 Date

Builder Date 10/24/22

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

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 ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: KALANI & AUNDRIA POLITE **Address:** 831 PERRY RD TROUTMAN NC **Zip:** 28166

Applicant Email: AUNDRIAPOLITE@GMAIL.COM **Phone:** 704 712 7460 **Alt. Phone:** 843 270 9355

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 422 PILCH RD TROUTMAN NC 28166

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 2 **Gate Code** _____

Driving Directions: HWY 21 SOUTH TURN LEFT ON OSWALT AMITY RD 2 MILES TURN LEFT ON PILCH RD PROPERTY ON LEFT 422 PILCH RD

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 ___ Tank ___ Drain lines

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Describe Problem: _____

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: _____
( ) 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: per Aundria Polite 10/18/21
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

(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, Millard R Cowan Jr & Jency Cowan Saunders, am the legal owner(s) of the property located at 422 Pilch Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aundria Polite, True Homes, 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.

Millard R Cowan Jr & Jency Cowan Saunders 10-18-22

Signature of Owner(s) Date

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

AP **Complete all Environmental Health forms**:

AP Application
AP Site Plan including the dimensions of proposed structure, addition, pool etc.
AP Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
AP Copy of Zoning Permit when applicable
AP Sign this sheet after you have completed all items

AP **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AP **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

AP **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

AP **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Cynthia Holt **Date** 10/18/22

Questions? Contact one of the Environmental Health Offices listed below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
ronda.hart@co.iredell.nc.us

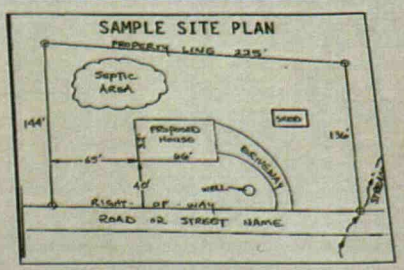
Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
barbara.nebel@co.iredell.nc.us

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

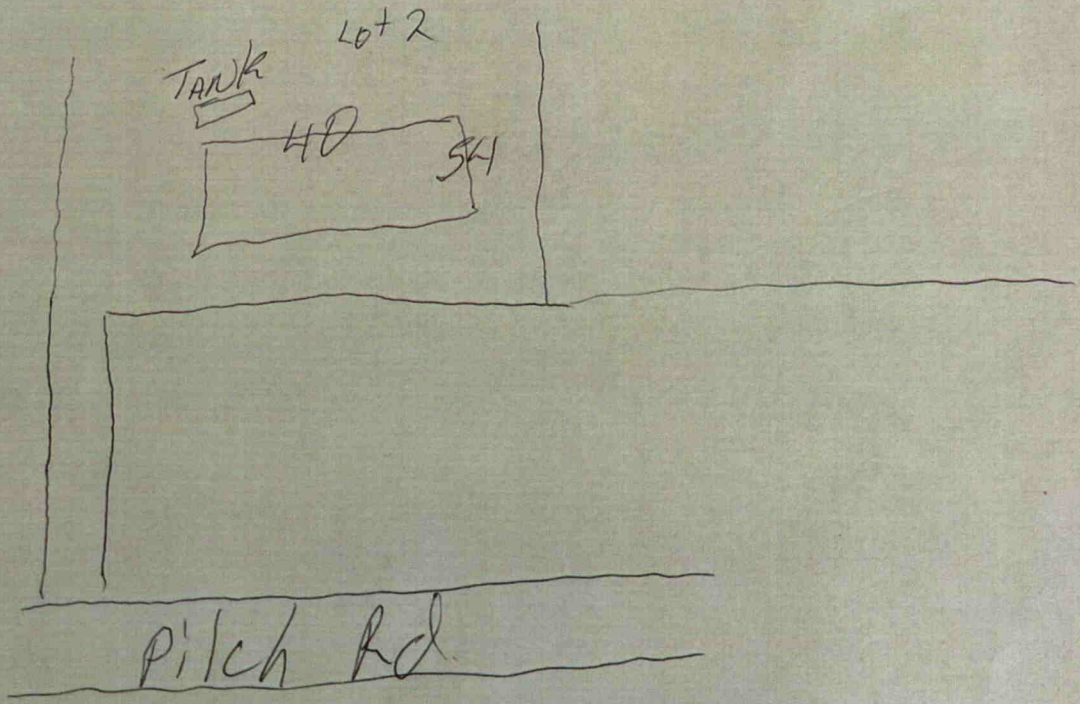
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
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



Signature: per Quindria Polite
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/18/22
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322460

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

PIN # -- --

APPLICANT/OWNER: Kalani & Aundria Polite | APPLICANT ADDRESS: 831 Perth Rd Troutman, NC 28166

SITE ADDRESS: 422 Pilch Rd Troutman, NC | PHONE: 704 712 7460 | ALT. PHONE 843 270 9355

SITE DIRECTIONS: US 21 TL Oswalt Amity Rd ~2miles TL Pilch Rd property on Rt

SAP CONTROLLED: ☐ YES ☒ NO

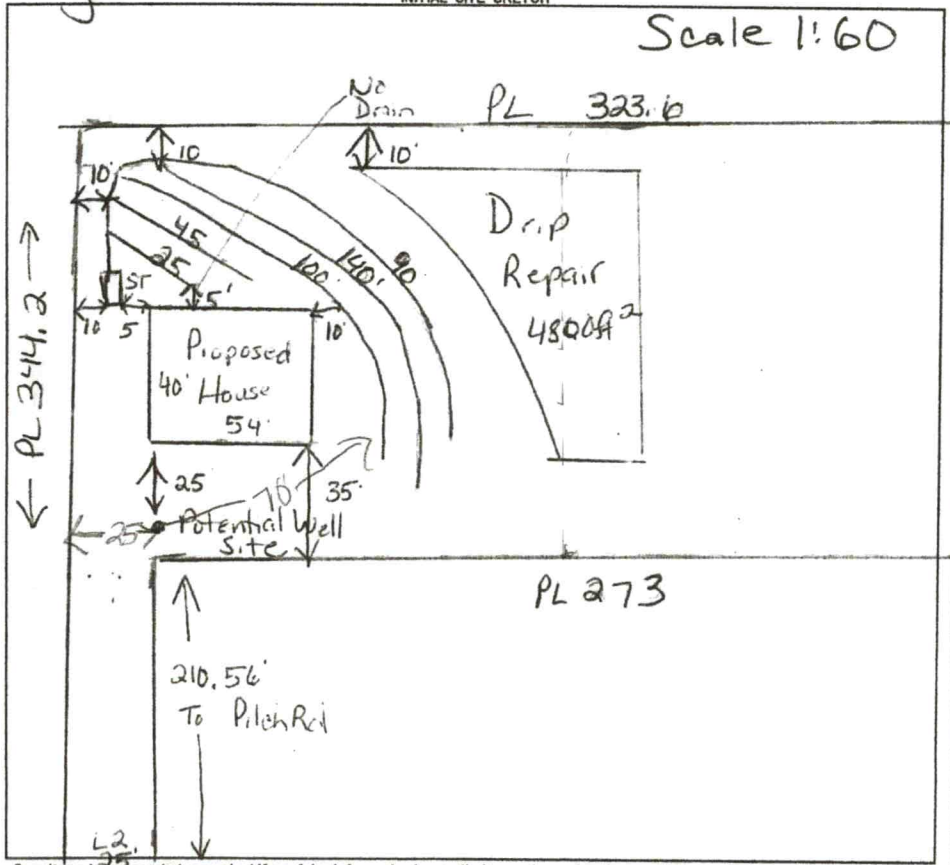
SUBDIVISION: — | SECTION: — LOT # — LOT AREA: 2Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	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:	Gravity - 25% Reduction			☐ Business	No. Persons	8	☒ Private		
Pump Make		Model	Serial #	Repair System Description:	Drop Repair			☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Communit	
Trench Width	36"	Trench Bottom Depth (Low side)	30" (may)	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbi	

Comments / Conditions: ☒ No Foundation Drain on back of house. House Must be built as shown, can not move any closer to drainfield.

Direct stormwater/surfacewater away fro drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Lot must be recorded prior to issuance of AC

New PIN needed

REVOKED

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 EXCAVATI

☐ **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 n*

Owner / Applicant Signature: [signature] Date: 2/2/22 Installed by: —

IMPROVEMENT PERMIT by: Maria Dotson Date: 1.14.22 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Existing System Inspected by: — Date:

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

Sheet ___ of
PROPERTY ID #: 4752404068
COUNTY: Iredell

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

OWNER: Kalani & Aundrea Polite — APPLICATION DATE: 10/19/21
ADDRESS: 831 Perth Rd Troutman, NC — DATE EVALUATED: 11/10/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 2 Ac
LOCATION OF SITE: 416 Pitch Rd. — PROPERTY RECORDED: N
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X 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	6%	0-8	Brn SCL	wSBK SS, SP, SExP, FR					PS
		8-20	RCm-L	wSBK SS, SP, SExP, FR					
		20-50	RC/CL	wSBK SS, SP, SExP, Fi-FR				w/Some ltho	
			Inclus of	SAP	—	50"	—	—	.3
		(one side of pit had numerous SAP Inclus)							
2	10%	0-11	Brn SCL	wSBK SS, SP, SExP, FR					PS
		11-30	RC	wSBK SS SP, SExP, Fi-FR					
		30-48	RCm-L	wSBK SS SP, SExP, FR				w/	
			Some	SAP Inclus		48"	—	—	.3
3	10%	0-11	Brn SCL	wSBK SS, SP, SExP, FR				w/ Rock	PS
			Inclus						
		11-36	RCm-L	wSBK SS, SP, SExP, FR				w/ numerous	.25
			Rock	Inclus	—	52"	—	—	
		36-52	RC	wSBK SS, SP, SExP, Fi-FR				w/ Few Rock Inclus	
4	12%	0-10	Brn SCL	wSBK SS, SP, SExP, FR					PS
		10-28	RCm-L	wSBK SS, SP, SExP, FR					
		28-50	RC/CL	wSBK SS, SP, SExP, Fi-FR					.3
			Some	SAP Inclus	—	52"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	Drip
Site LTAR	.3	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

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	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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.

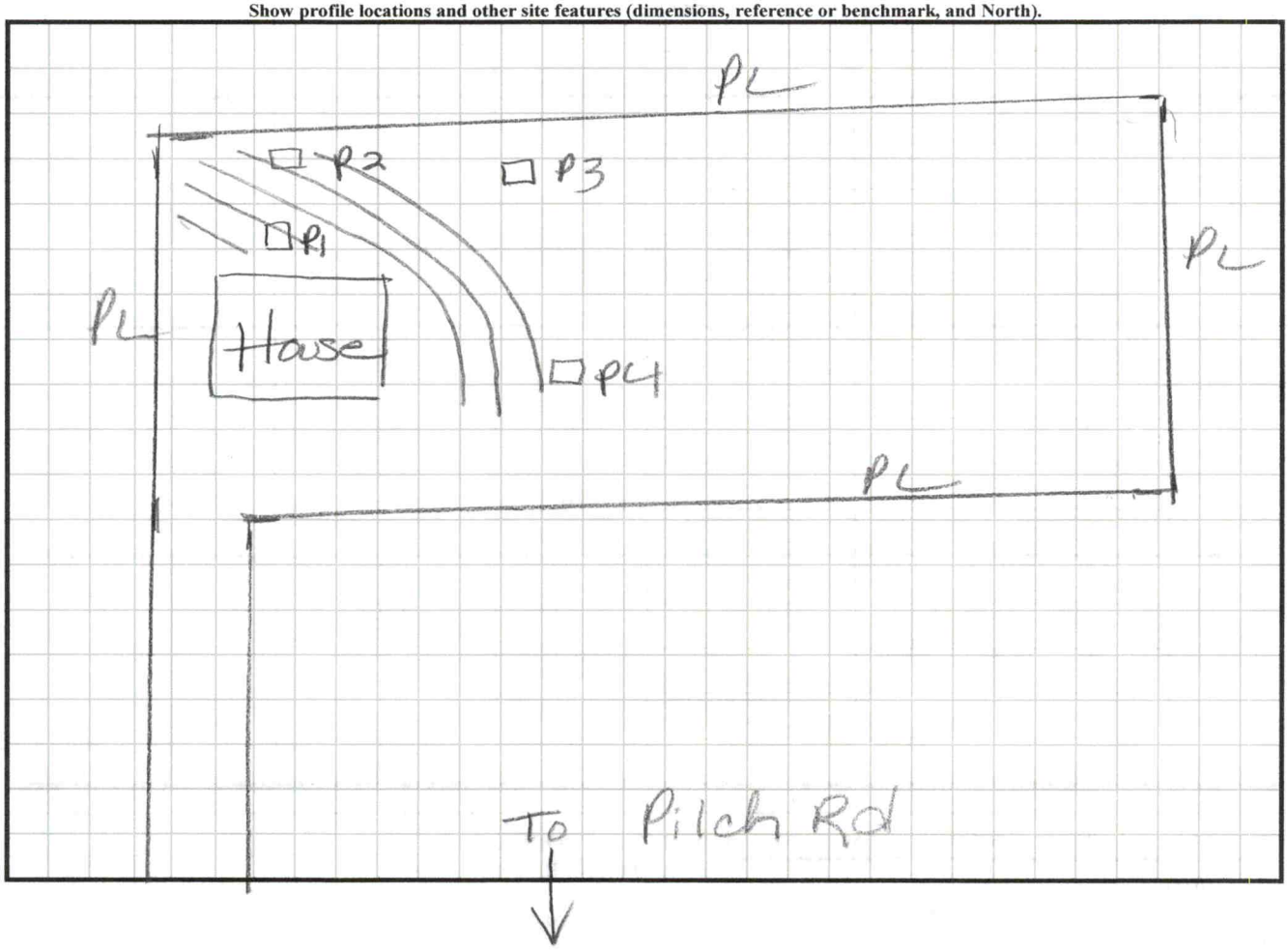
NOTES

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).



RECEIVED APR 1 2 2022

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

Iredell County Health Department – Environmental Health Division

intermediate

PAGE 1: *APPLICATION FORM* AP-322460 $320.00

Application For: (X) 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) Rydel (Millard) Cavan-Owner 704-902-2041

Applicant Name: LALANI F AUNDRIA POLITE Address: ~~422 PILCH RD~~ 831 Perry Rd TROUTMAN NC Zip: 28166
Applicant Email: aundriapolite@gmail.com Phone: 7047127460 Alt. Phone: 843 270 9355
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 422 PILCH RD TROUTMAN NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: 2
Driving Directions: HWY 21 SOUTH TURN LEFT ON OSWALT AMITY ROA
2 MILES TURN LEFT ON PILCH RD PROPERTY ON LEFT 422 PILCH RD

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 ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(√) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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: Aundria Polite 4/4/22
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

(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.

704 902-7041

☑ **2.** I, Millard R Cowan, am the legal owner(s) of the property located at 422 Pilch Rd, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aundria Polite, True Homes, 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.

Millard R. Cowan
Signature of Owner(s)

4-11-2022
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

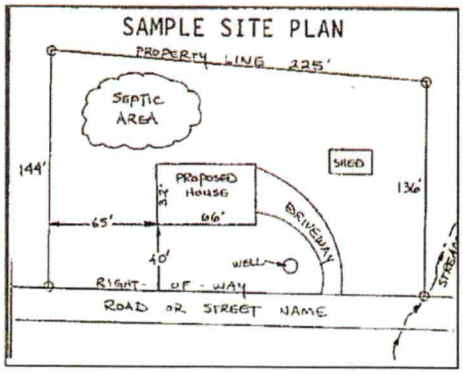
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

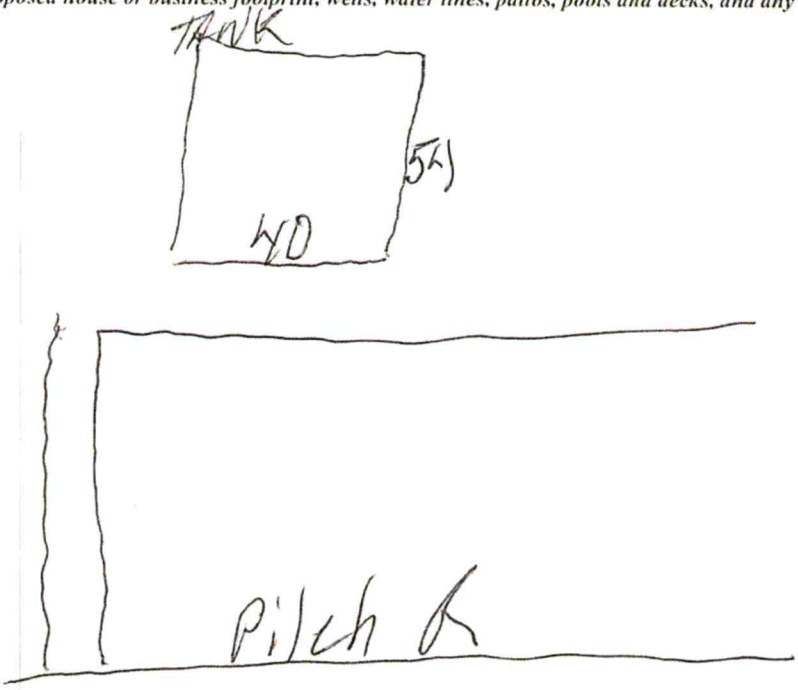
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- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
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



Signature: Alexandria Polite — 4/12/22

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

Plan - 2317

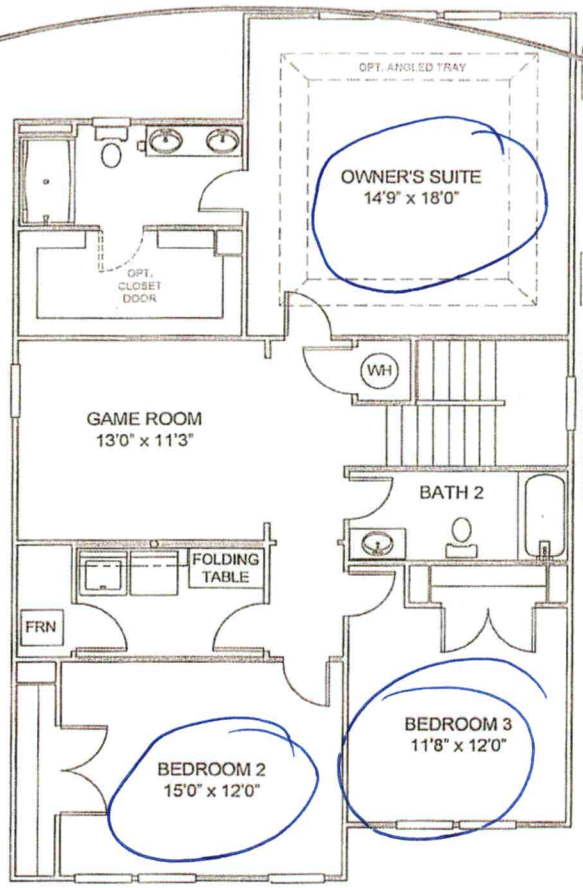
2,482 sq. ft.

Transitional

Opt. Second Floor 2

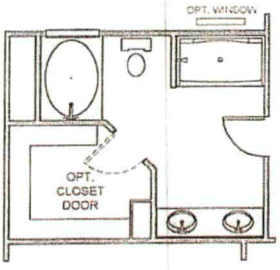
JASPER
Elements
VER 6.0 || REV 08.6.21.

Acknowledgement Of Plans Submittal ONLY!
Kelly Date 4/12/22
Marion Dalton Date 5/3/22



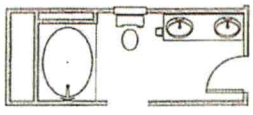
Options

Luxury Owner's Bath

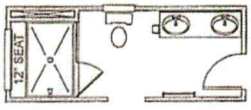


LUXURY OWNER'S BATH

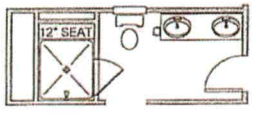
Owner's Bath



GARDEN TUB/SHOWER

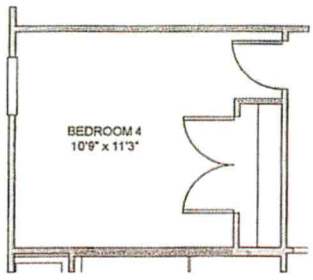


LUXURY SHOWER 36"x60"
FRAMED PAN, TILE WALLS w/12" SEAT
FRAMELESS SHOWER DOOR
TAKES 2" FROM OWNER'S SUITE



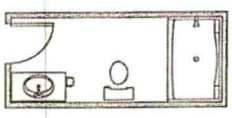
LUXURY SHOWER OPT 2
42"X48" FRAMED TILE SHOWER BASE
TILE WALLS
12" TILE SEAT

Second Floor Options



BEDROOM 4
ILO GAME ROOM

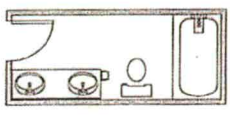
Bath 2



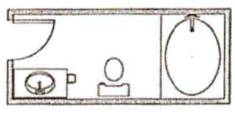
SHOWER



LINEN CLOSET
N/A w/GARDEN TUB



DUAL BOWL VANITY
N/A w/GARDEN TUB



GARDEN TUB/SHOWER

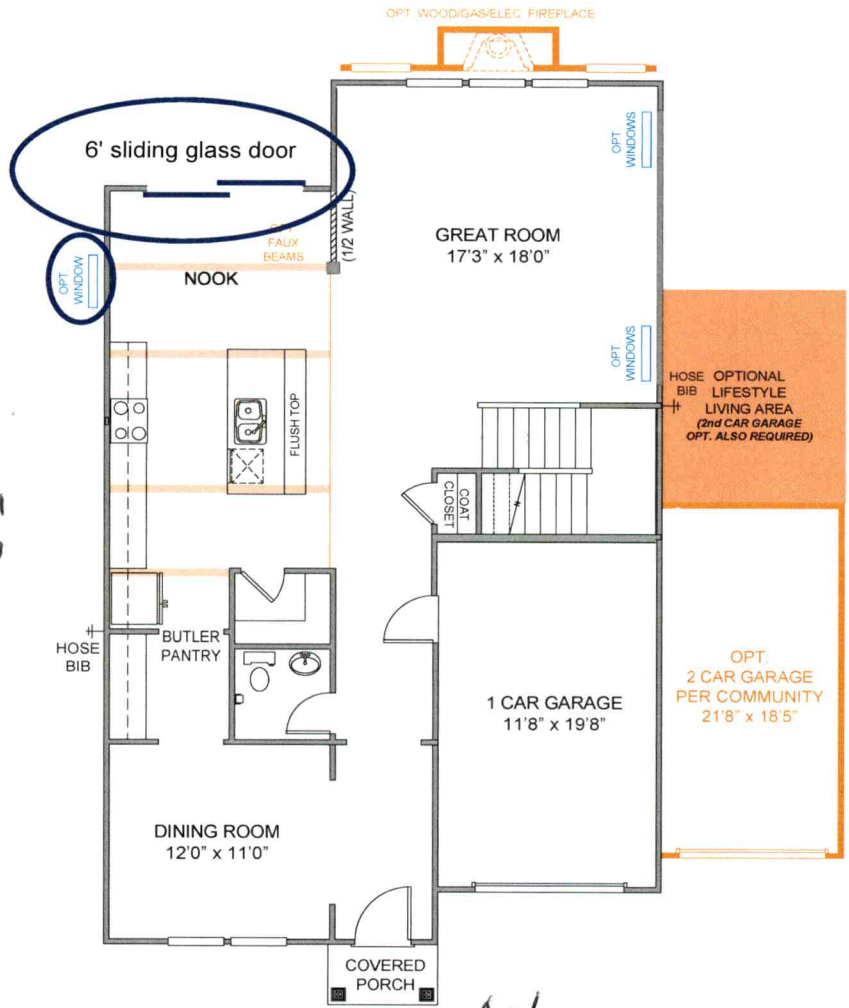
TrueHomes
IT'S ALL ABOUT U

Plan - 2317

2,482 sq. ft.
Transitional

First Floor

JASPER
Elements
VER 6.0 || REV 08.6.21



Acknowledgement Of Plans Submittal ONLY!
Date 1/18/22 3/21/22
Date

55'

40'

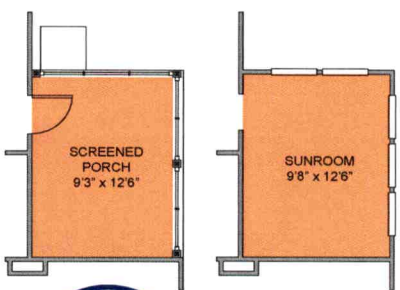
Options

First Floor



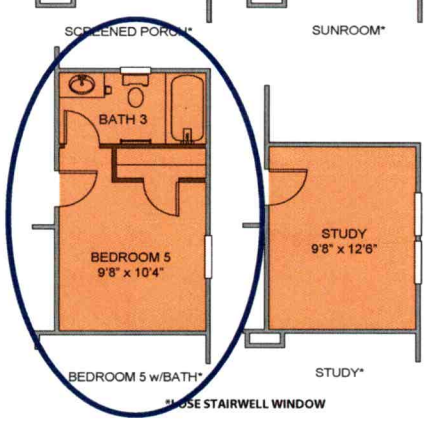
OPT. FIREPLACES

Lifestyle Living



SCREENED PORCH*

SUNROOM*

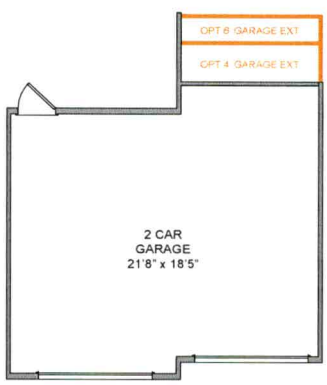


BEDROOM 5 w/BATH*

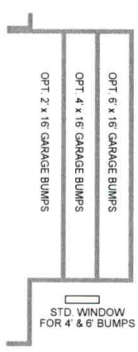
STUDY*

*LOSE STAIRWELL WINDOW

Garage

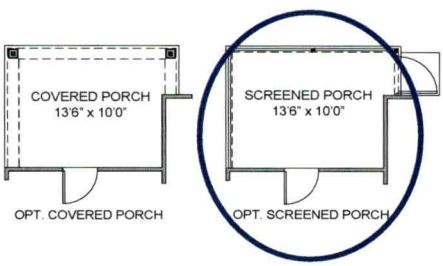


2 CAR GARAGE EXTENSIONS



GARAGE BUMPS

Porch



OPT. COVERED PORCH

OPT. SCREENED PORCH

TrueHomes
IT'S ALL ABOUT U

True Homes, LLC reserves the right to change or amend plans and specification without prior notice. Specifications may vary per plan. All dimensions are approximate and are rounded down to the nearest 3". Information is deemed to be correct but not guarante

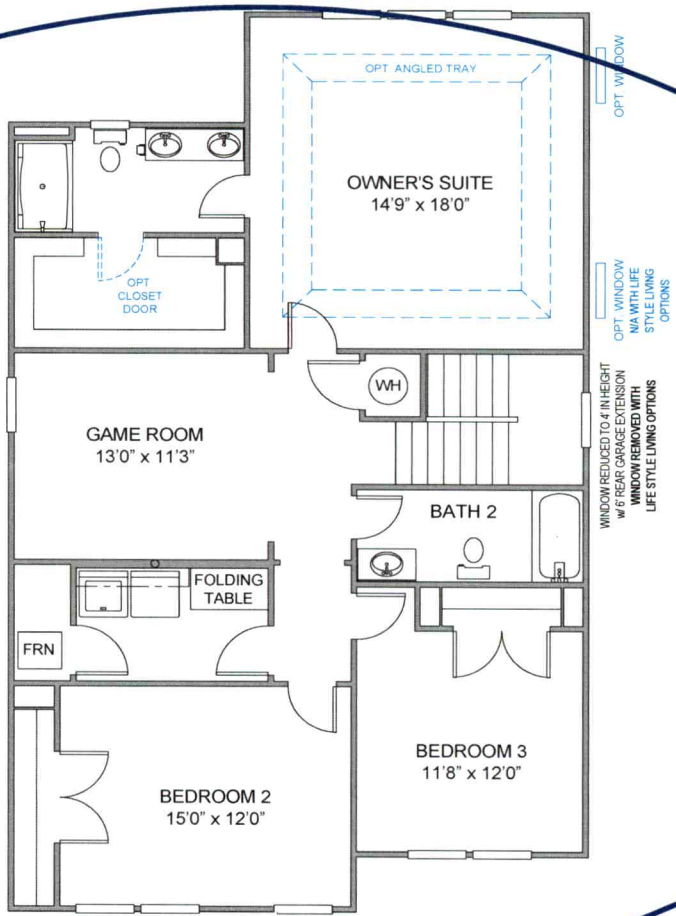
Plan - 2317

2,482 sq. ft.
Transitional

Opt. Second Floor 2

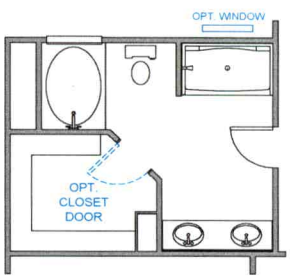
JASPER
Elements
VER 6.0 || REV 08.6.21

Acknowledgement Of Plans Submittal ONLY! Date 2/17/22 Date 3/21/22



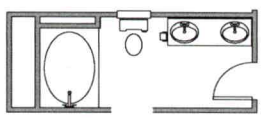
Options

Luxury Owner's Bath

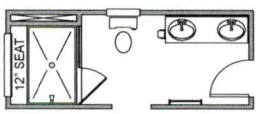


LUXURY OWNER'S BATH

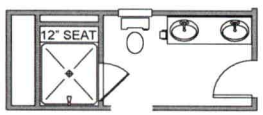
Owner's Bath



GARDEN TUB/SHOWER

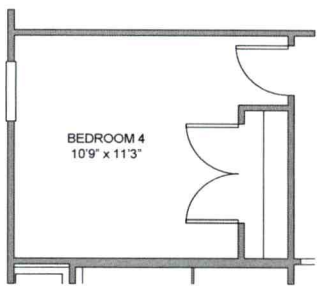


LUXURY SHOWER 36"x60"
FRAMED PAN, TILE WALLS w/12" SEAT
FRAMELESS SHOWER DOOR
TAKES 2" FROM OWNER'S SUITE



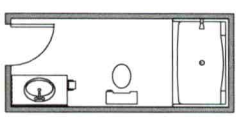
LUXURY SHOWER OPT 2
42"X48" FRAMED TILE SHOWER BASE
TILE WALLS
12" TILE SEAT

Second Floor Options



BEDROOM 4
ILO GAME ROOM

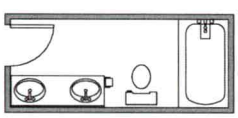
Bath 2



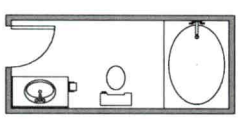
SHOWER



LINEN CLOSET
N/A w/GARDEN TUB



DUAL BOWL VANITY
N/A w/GARDEN TUB



GARDEN TUB/SHOWER

TrueHomes
IT'S ALL ABOUT U

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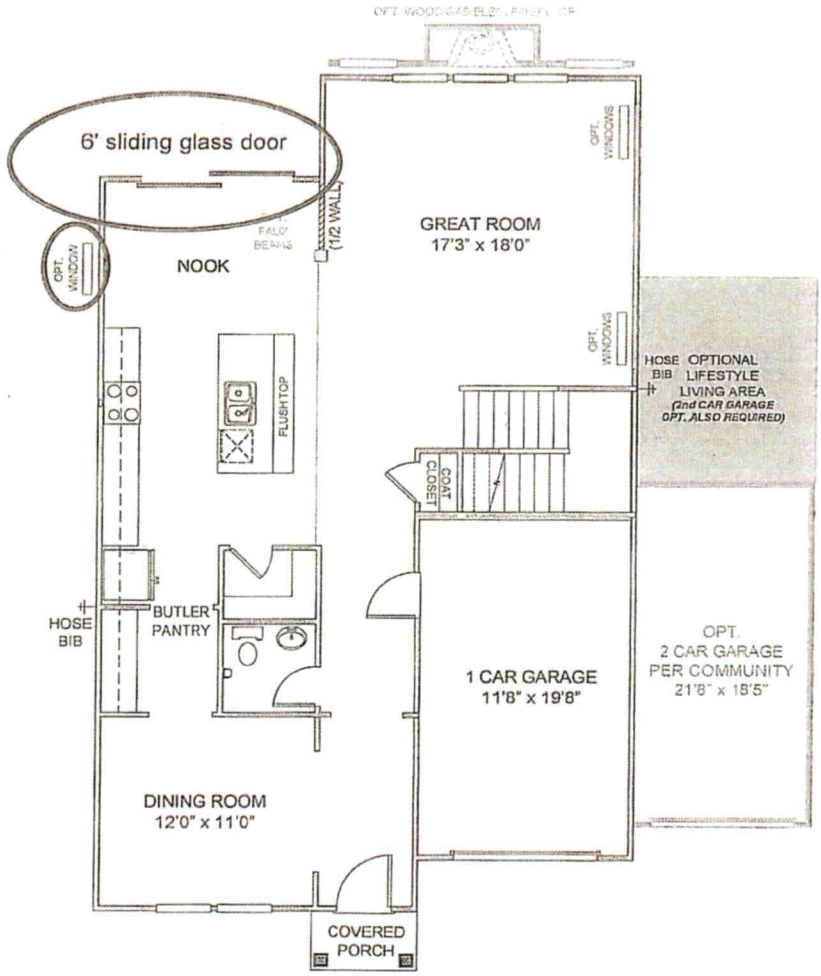
Plan - 2317

2,482 sq. ft.
Transitional

First Floor

JASPER
Elements
VER 6.0 || REV 08.6.21

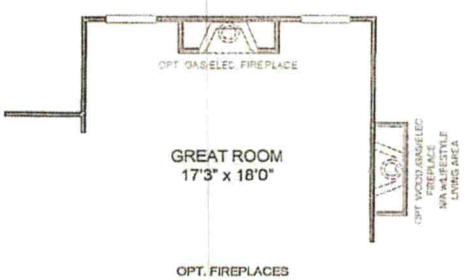
Acknowledgement Of Plans Submittal ONLY!
Date 4/12/22
Date 5/3/22



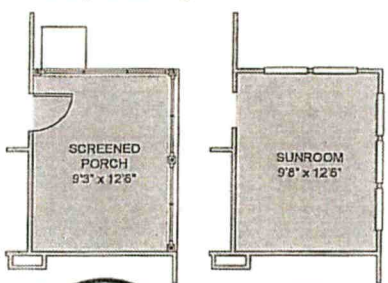


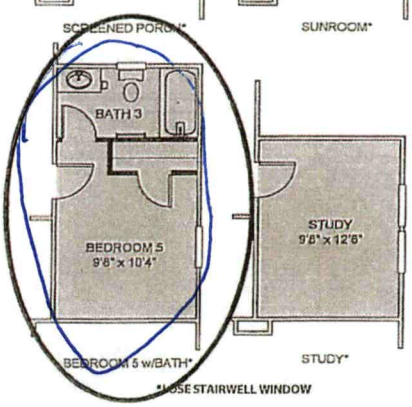
Options

First Floor

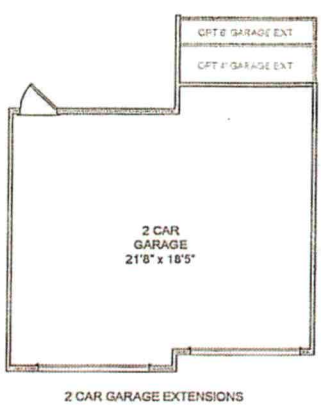


Lifestyle Living



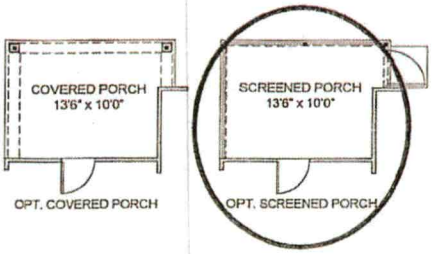


Garage





Porch



TrueHomes
IT'S ALL ABOUT U

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322460 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
~~4751240408.000~~	~~416~~ PILCH RD ~~422~~ 420	Iredell County

Owner Information	Applicant Information
Name: SAUNDERS JENCY C+MILLARD R COWAN	Name: AUNDRIA POLITE
Address:	Address:
,	,
Phone:	Phone: (704)712-7460

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2	35	35	15	15		NO

Remarks
SFD

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.

Date: 10/20/2021

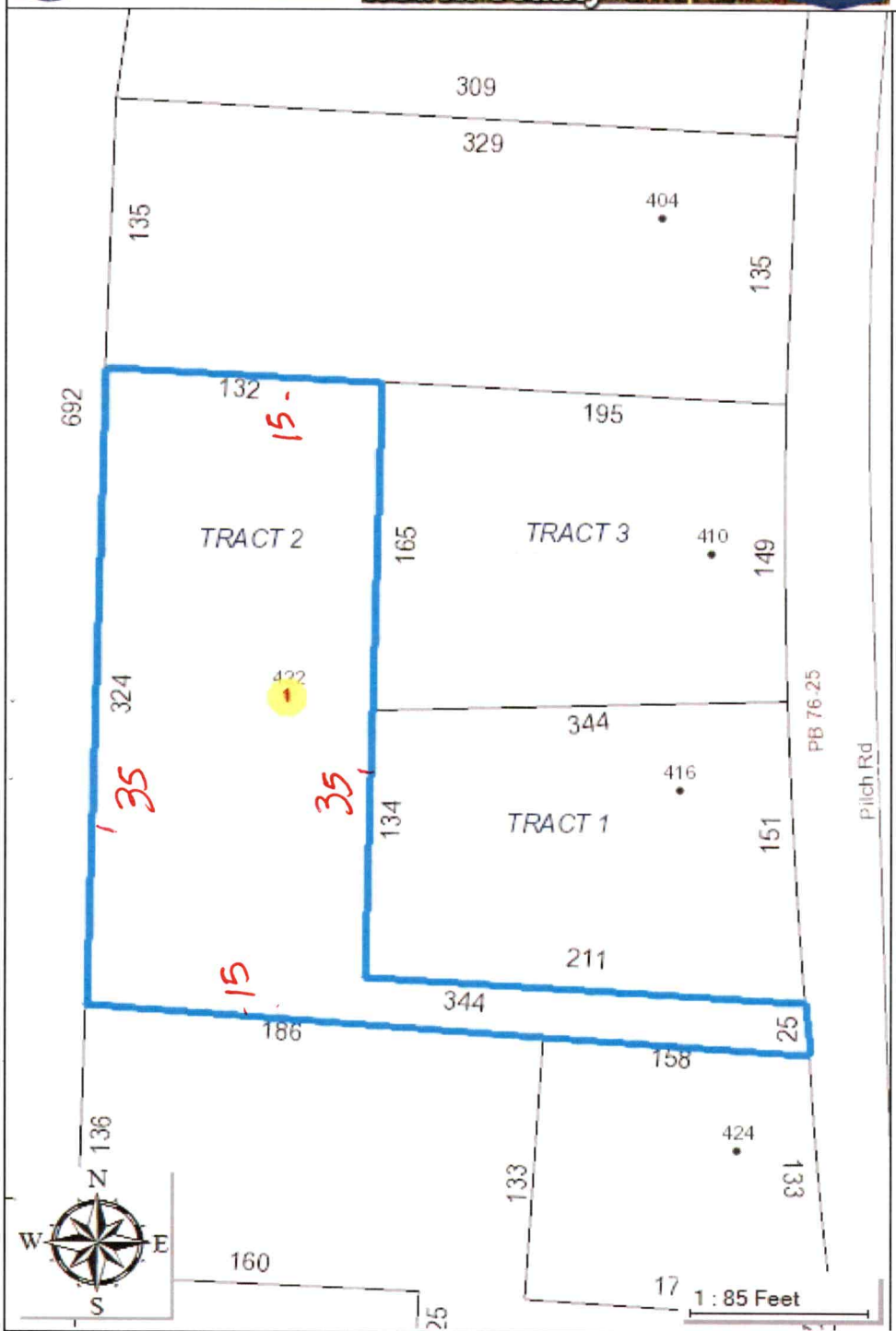
Signature of Owner/Contractor

Permit Number	322460	TOTAL FEES:	$77.25

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed April 04, 2022
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

City Limits

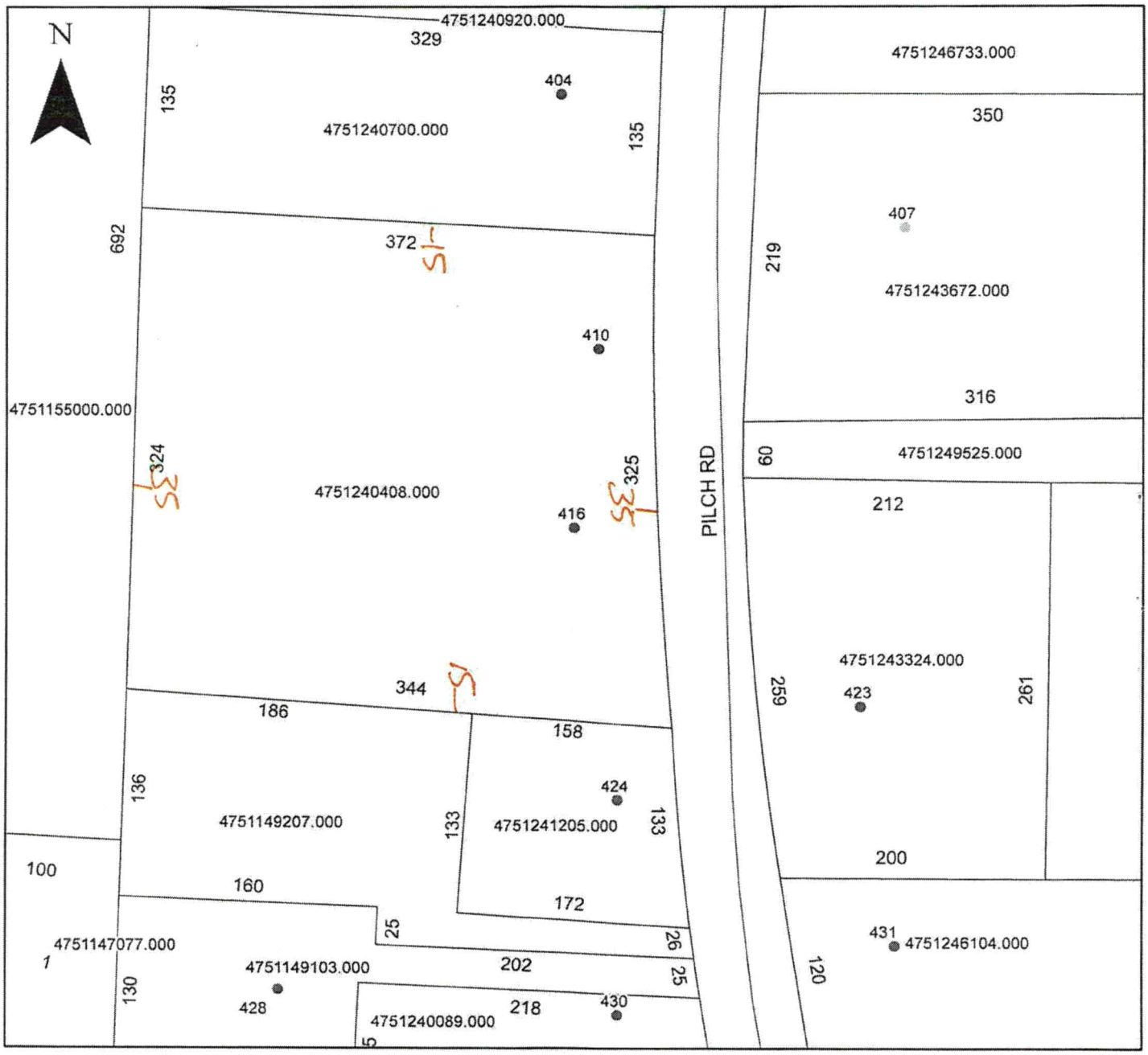
Lake Norman

Iredell Countyline

NC Counties

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

ZONING DISCLAIMER



Property Address 416 Pilch Rd.

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.

Andrea Polite
Applicant

10/20/2021
Date

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

_____ (Date)

Owner: Millard D. Cowan
Address: 347 Liberty Rd Troutman NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
422 Pilch Road PIN 4751149417
Jenny Saunders & Millard Cowan Lot 2
AP-522460

I, Millard Cowan, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1/14/22 for a system
(date)
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Millard Cowan
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

4/30/22 (Date)

Owner: Kalani Polite
Address: 831 Perry Rd
Troutman, NC 28166

Subject: Notice of Intent to Revoke/Suspend Jency C. Saunders & Millard Cowan (**specify name/location**) Improvement Permit/Construction Authorization

Dear Kalani Polite:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 422 Pilot Rd Troutman, NC (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 3 Gravity-25% Red (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 4/30/22. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322 460

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

PIN # -- --

APPLICANT/OWNER: Kalani & Aundria Polite | APPLICANT ADDRESS: 831 Perth Rd Troutman, NC 28166

SITE ADDRESS: 422 Pilch Rd Troutman, NC | PHONE: 704 712 7460 | ALT. PHONE 843 270 9355

SITE DIRECTIONS: US 21 TL Oswalt Amity Rd ~2miles TL Pilch Rd property on left | SAP CONTROLLED: ☐ YES ☒ NO

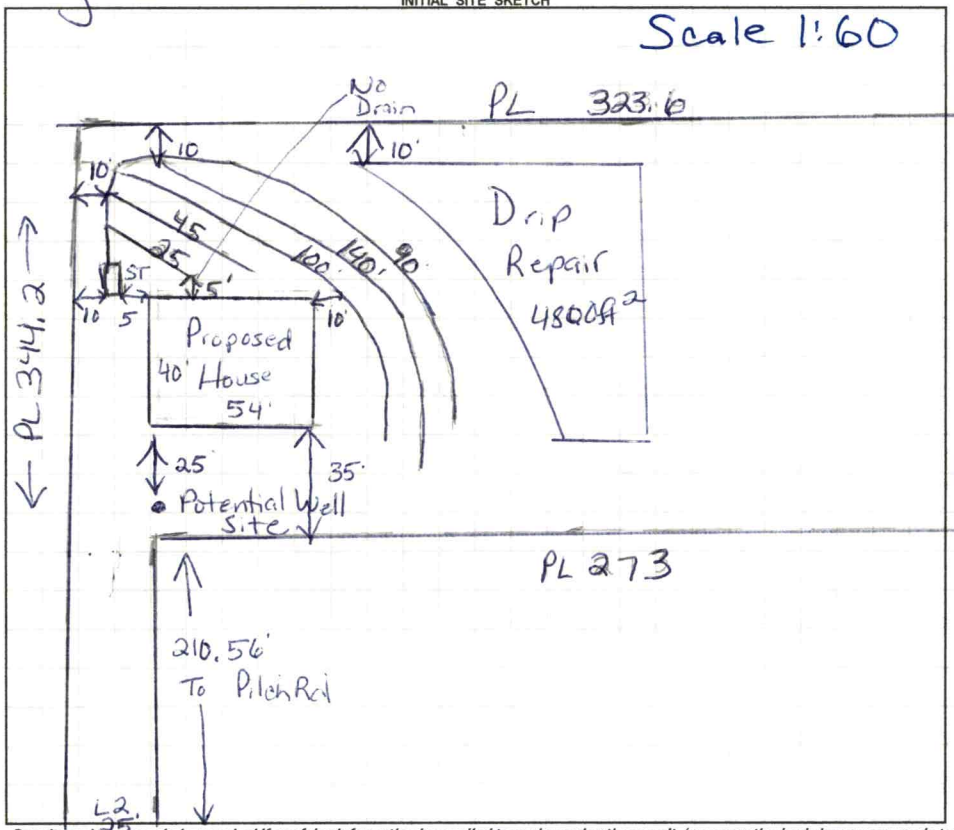
SUBDIVISION: — | SECTION: | LOT # | LOT AREA: 2 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	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:	Gravity - 25% Reduction			☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description:	Drip Repair			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	5	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth(Low side)	30" (Min)	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: No Foundation Drain on back of house. House Must be built as shown, Can not move any closer to drainfield.

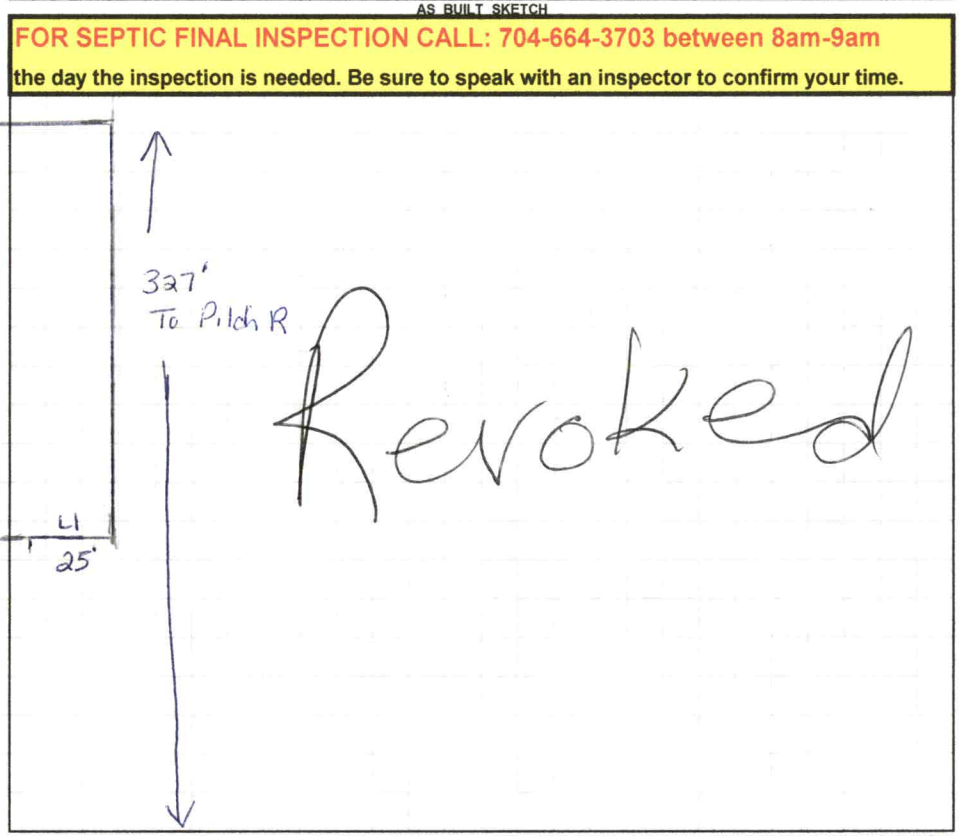
Divert stormwater/surface water away from drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: [signature] Date: 2/2/22 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/4/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin Bass 4/4/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED FEB 0 2 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322460

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: KALANI + AUNDREA POLITE Address: 831 PERRY RD TROUTMAN NC Zip: 28166
Applicant Email: aundriapolite@gmail.com Phone: 7047127460 / 8432709355 Alt. Phone: 8432709355
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 416 PILCH RD

Subdivision Name: _____ Section/Phase: _____ Lot Number: 2

Driving Directions: HWY 21 SOUTH TURN LEFT ON OSWALT AMITY ROAD 2 MILES TURN LEFT ON PILCH RD. PROPERTY ON LEFT 416 PILCH RD

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 ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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: Aundrea Polite /ep/ 10/19/2021 2:00 PM
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
/ep/ 2/2/22

RECEIVED OCT 2 0 2021

ND 93 DE.

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322460 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
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Applicant Name: KALANI + AUNDRIA POLITE Address: 831 PERRY RD TROUTMAN NC Zip: 28166
Applicant Email: aundriapolite@gmail.com Phone: 7047127460/8432709355 Alt. Phone: 8432709355
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 422 per Rich Hoffman 2-7-22

Street Address: ~~416~~ PILCH RD
Subdivision Name: _____ Section/Phase: _____ Lot Number: 2
Driving Directions: HWY 21 SOUTH TURN LEFT ON OSWALT AMITY ROAD 2 MILES TURN LEFT ON PILCH RD. PROPERTY ON LEFT 416 PILCH RD.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: ~~4~~ 3
( ) New Multi-Family Residence — Maximum Number of Occupants: ~~4~~ 3
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

10/19/2021 DATE

2.00 RA NO

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, Millard A. Lowman 704-902-2041, am the legal owner(s) of the property located at 414 Pilch Rd, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aundria Polite True Homes, 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

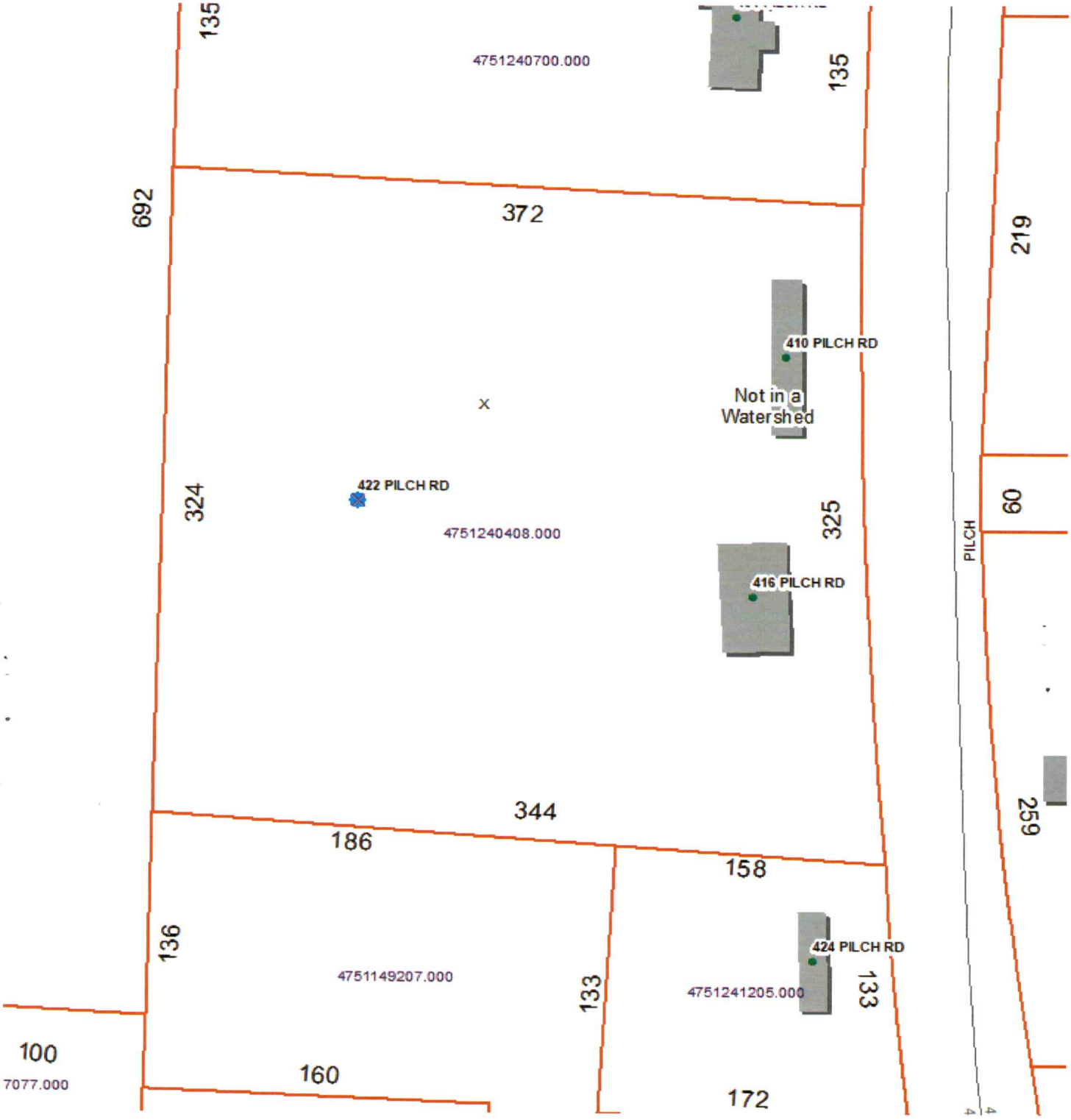
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Millard A. Lowman
Signature of Owner(s)

10-19-2021
Date

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

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

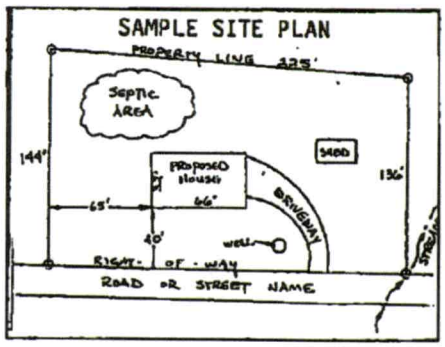


From: Jake Lowman <john.lowman@co.iredell.nc.us>
Sent: Monday, February 7, 2022 10:45 AM
To: Richard Hoffman <richard.hoffman@co.iredell.nc.us>; Alice Davidson <alice.davidson@co.iredell.nc.us>
Subject: RE: 416 Pilch Rd

There is preliminary division approval for the attached plat. They are in process of some revisions to the plat.

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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:

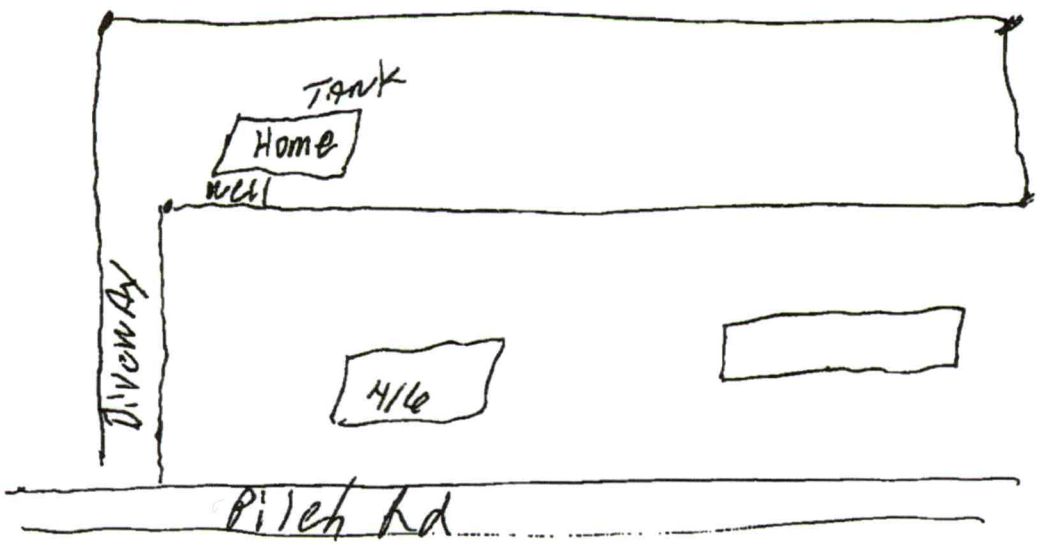
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

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

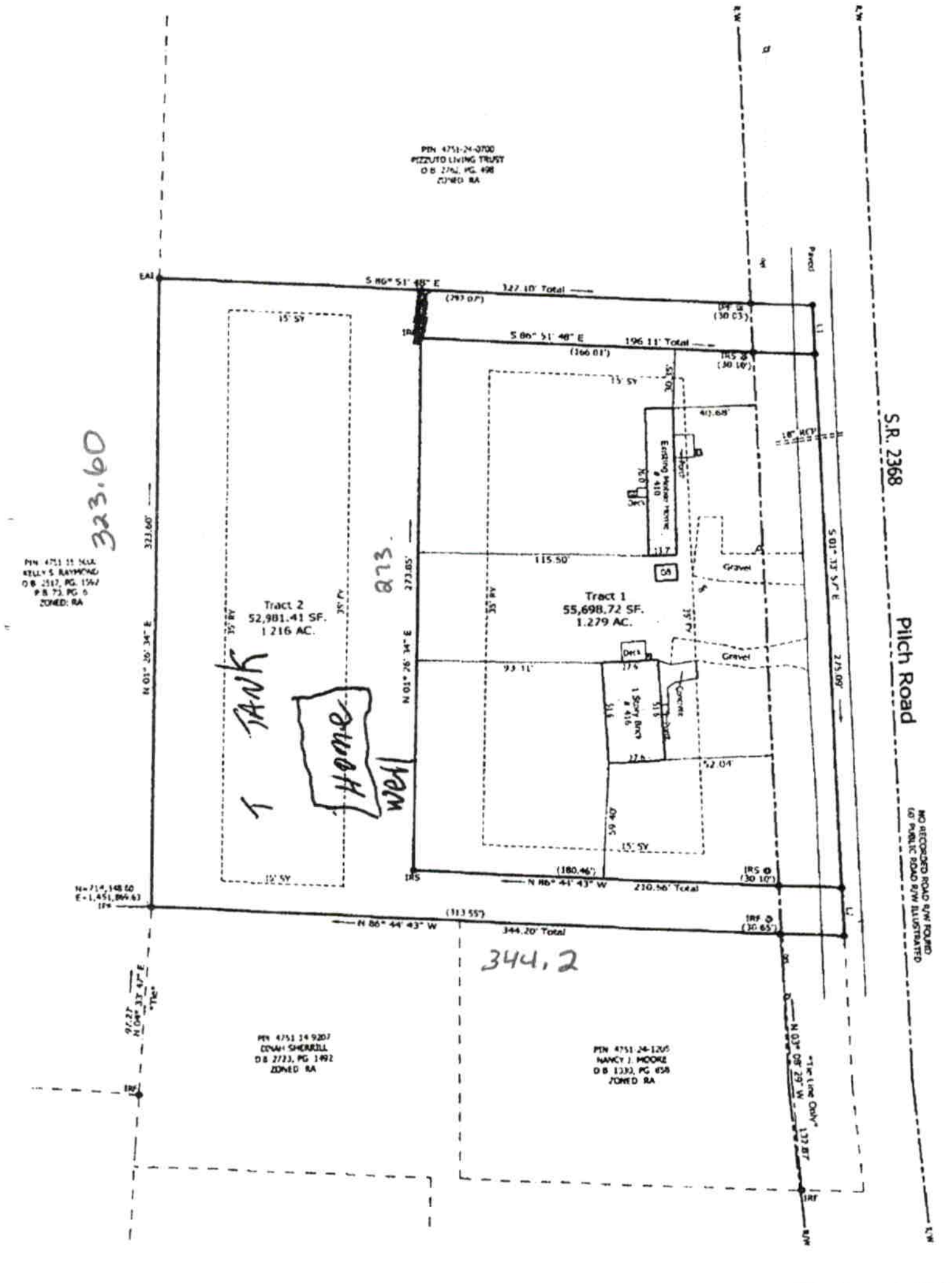


Signature: Aundria Polite /ep
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/19/2021
DATE

/ep

2/2/22





NAD83-2011

I, MATTHEW I. GRANT, CERTIFY THAT THIS PLAT WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL FIELD SURVEY OF DESCRIPTION(S) AS RECORDED IN DEED BOOK 2252 PAGE 224 THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS SUCH AND WERE PLOTTED FROM INFORMATION AS REFERENCED HEREON. THAT THE RATIO OF PRECISION AS CALCULATED WAS 1:[illegible] AND THAT THE GLOBAL NAVIGATION SATELLITE SYSTEM (GNSS) WAS USED TO PERFORM A PORTION OF THIS SURVEY AND THE FOLLOWING INFORMATION WAS USED:
CLASS OF SURVEY: CLASS A
POSITIONAL ACCURACY: 0.01'
TYPE OF GPS FIELD PROCEDURE: RTK
DATES OF SURVEY: 09-15-2021
DATUM/EPOCH: NAD83(2011)
PUBLISHED/FIXED CONTROL USE: [illegible]
GEOID MODEL: [illegible]
COMBINED GRID FACTOR: [illegible]
UNITS: US SURVEY FEET
I FURTHER CERTIFY THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND OR ONE OR MORE EXISTING EASEMENTS AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET. THAT THIS PLAT MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600) AND THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY HAND AND SEAL THIS 13th DAY OF OCTOBER, 2021

PROFESSIONAL LAND SURVEYOR L-5208
MATTHEW I. GRANT

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-5208 MATTHEW I. GRANT

LEGEND
IPF - IRON PIPE FOUND
IRF - IRON REBAR FOUND
IRS - IRON REBAR SET
EAI - EXISTING ANGLE IRON
RCP - REINFORCED CONCRETE PIPE
OB - OUTBUILDING
OHE - OVERHEAD ELECTRIC LINE
R/W - RIGHT OF WAY
WATER METER
WELL
POWER POLE
COMPUTED POINT

LINE	BEARING	DISTANCE
L1	S 01° 33' 57" E	125.06'
L2	S 01° 33' 57" E	125.09'

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710474000J EFFECTIVE DATE 3/18/2008.

NOTES
PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH
PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST
AREA BY COORDINATE COMPUTATION
PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE
NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE

ZONING
PROPERTY IS ZONED: RA - IREDELL COUNTY ZONING JURISDICTION
PROPERTY IS SUBJECT TO A 15' FRONT YARD (FY), 35' REAR YARD (RY), & 15' SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER IREDELL COUNTY ZONING ORDINANCE.

0 40 80 120

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 • STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 928-7919
FIRM # P-1227

Survey For:
Jency C. Saunders & Millard R. Cowan

DRAWN BY: SMS	CHECKED BY: MIG
SCALE: 1"=40'	
DEED REF: 2252-224	PIN NO. 4751-24-0408
DATE OF MAP: 10-13-21	SURVEY DATE: 09-15-21
REVISION	DRAWING FILE: 20191121-R1

410 & 416 PILCH ROAD - TROUTMAN, N.C. 28166
BARRINGER TOWNSHIP --- IREDELL COUNTY --- NORTH CAROLINA


394
246
246
4751240920.000
284
4751246733.000
309
329
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135
4751240700.000
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2
TRACT 1
134
151
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PILCH RD
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PB 76-100
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PB 47-130
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PB 55-10
93
4751137507.000
629

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R15999

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$320.00**
AP-322460 Address: 422 PILCH RD APN: 4751149417.000			**$320.00**
EH RE-LAYOUTS			$320.00
INTERMEDIATE	10492751-447004	0	$320.00
TOTAL FEES PAID BY RECEIPT:R15999			**$320.00**

Date Paid: Tuesday, April 12, 2022

Paid By: AUNDRIA POLITE

Cashier: HDK

Pay Method: CREDIT CARD 696389