(11)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241545

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

PIN # 4751427008.000

APPLICANT/OWNER: Mark Coleman | APPLICANT ADDRESS: 2237 Triplett Rd Mt Ulla NC

SITE ADDRESS: 558 Ostwalt Amity Rd Troutman NC | PHONE: 704 929-9993 | ALT. PHONE: -

SITE DIRECTIONS: Hwy 21 From troutman L on Ostwalt Amity go 1.7 miles on R | SAP CONTROLLED: ☐ YES ☒ NO

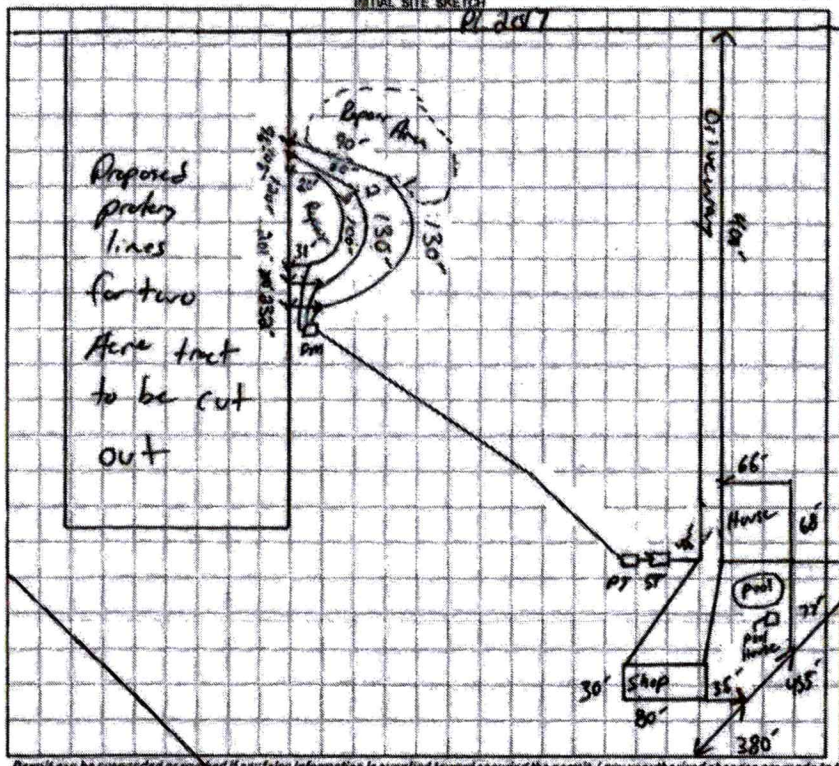
SUBDIVISION: Elva A Keaney Property | SECTION: - | LOT # 1 | LOT AREA: 17.63 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	192.	Date	8/6/19.	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	193	Date	8/6/19.	System Description:	25% Reduction PM			☐ Business	No. Persons 6	☒ Private
Pump Make	Gould's	Model	WE0S12HH	Serial #	J19577	Repair System Description:	50% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36 Max	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

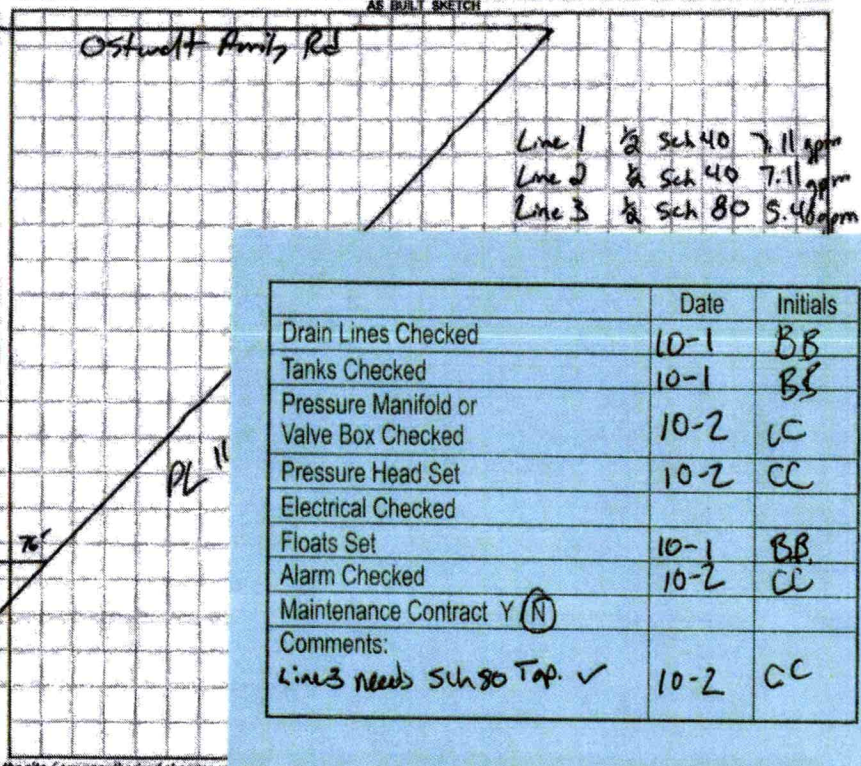
Comments / Conditions: Install drop lines on contour of land and use PM for distribution. Do not grade pave or bury Utilities in drainfield area.

House Box does not impact Septic

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	10-1	BB
Tanks Checked	10-1	BB
Pressure Manifold or Valve Box Checked	10-2	CC
Pressure Head Set	10-2	CC
Electrical Checked		
Floats Set	10-1	BB
Alarm Checked	10-2	CC
Maintenance Contract Y (N)		
Comments: Line3 needs Sch 80 Tap. ✓	10-2	CC

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 to the dimensions of the system.

☐ 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: Mark A Cole | Date: 3-21-19 | Installed by: FJ Envir

IMPROVEMENT PERMIT by: [signature] | Date: 3-15-19 | OPERATION PERMIT by: Benjamin Bowers | Date: 10/1/19

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 3-20-19 | Existing System Inspected by: | Date:

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

Tanks set Lines Top work site

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241545

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

PIN # 4751425157

APPLICANT/OWNER: Mark Coleman | APPLICANT ADDRESS: 2237 Triplett Rd Mt Ulla NC

SITE ADDRESS: 558 Ostwalt Amity Rd Troutman NC | PHONE: 704 929-9993 | ALT. PHONE: -

SITE DIRECTIONS: Hwy 21 From troutman L on Ostwalt Amity go 1.7 miles on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - | SECTION: - | LOT #: - | LOT AREA: 17.63 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

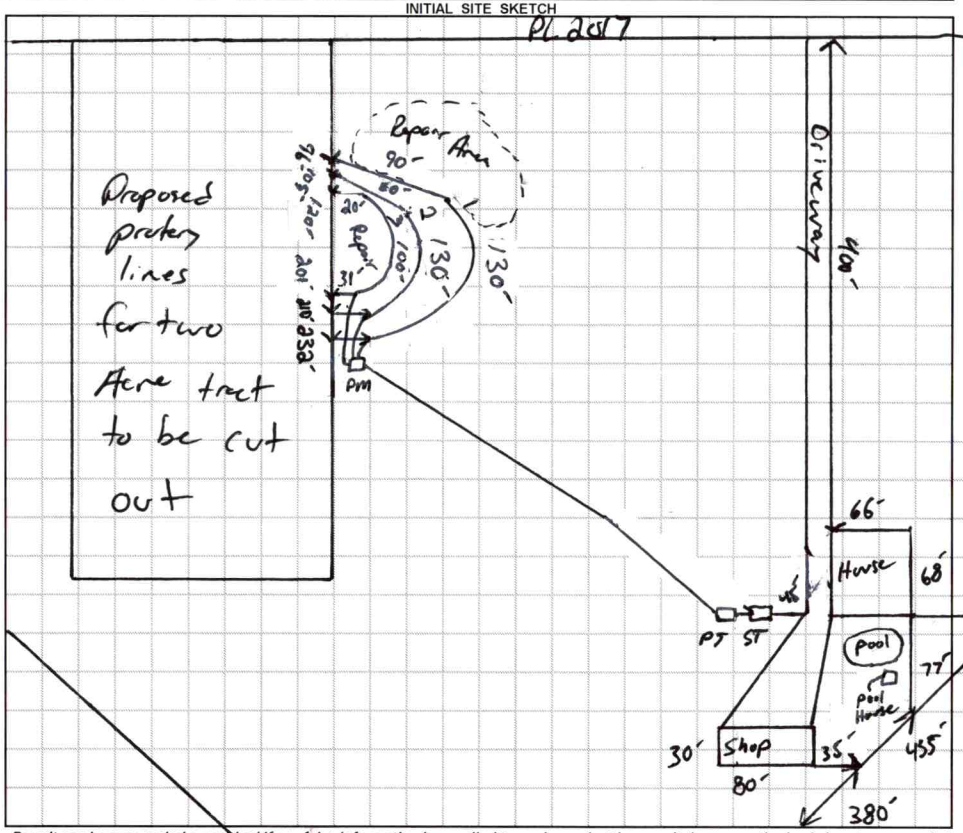
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description:	25% Reduction PM			☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	50 % Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 3	Linear Ft 360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36 Max	Gravel Depth -	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

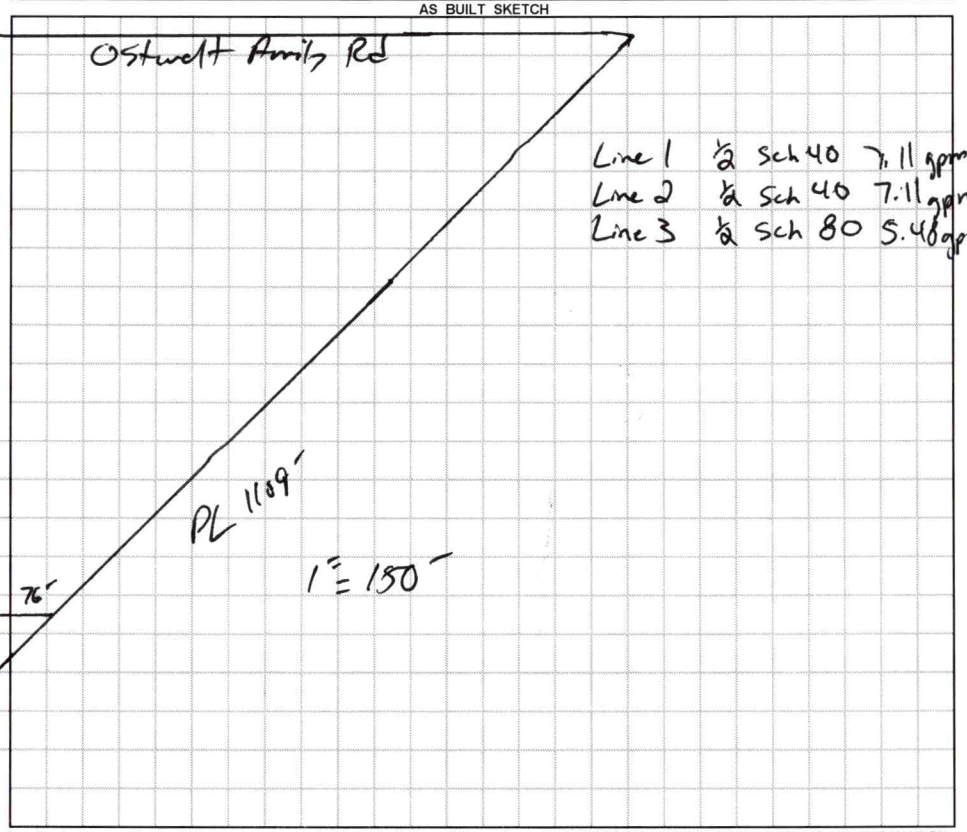
Comments / Conditions: Install drainlines on contour of land and use PM for distribution. Do not grade pave or bury Utilities in drainfield area.

House Box does not impact Septic

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: Mark Coleman | Date: 3-21-19 | Installed by:

IMPROVEMENT PERMIT by: [signature] | Date: 3-15-19 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 3-20-19 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 4
PROPERTY ID #: 475142515?
COUNTY: Iredell

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

704 929-9993

OWNER: Mark Coleman
APPLICATION DATE: 1-12-19
ADDRESS: 2237 Triplett Rd Mt Ulla NC
DATE EVALUATED: 1/29/19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 17 Acres
LOCATION OF SITE: 558 Osterlatt Amity
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
18	3-4% N	0-7	SBL SCL	Fr SS SP Scrp	N/A	48"	✓	✓	.25
		7-19	ABL C	Fr SS SP |					
		19-48	SBL CL	Fr SS SP					
19 2	3-4% N	0-14	SBL SCL	Fr SS SP Scrp	many YBR Mottles @ 30"	48"	✓	✓	.225
		14-30	ABL C	Fr SS SP Scrp					
		30-48	SBL CL	Fr SS SP Scrp					
20 3	3-4% N	0-5	SBL SCL	Fr SS SP Scrp	N/A	48"	✓	✓	.25
		5-24	ABL C	Fr SS SP |					
		24-48	SBL CL	Fr SS SP					
21 4	3-4% N	0-8	SBL SCL	Fr SS SP Scrp	N/A	48"	✓	✓	.25
		8-32	ABL C	Fr SS SP |					
		32-48	SBL CL	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25%	50%
Site LTAR	.25	.225

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

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

Sheet 2 of 4
PROPERTY ID #: 4781425757
COUNTY: Iredell

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

OWNER: Mark Coleman — APPLICATION DATE 1-17-19
ADDRESS: 558 Ostwalt Amity — DATE EVALUATED: 1/28/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 560 gpd — PROPERTY SIZE: 17.63 Acre
LOCATION OF SITE: 558 Ostwalt Amity — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3-4% SS	0-13	SBk SCL	Fr SS SP Serp	Platy @ 20"	48"	N/A	Platy 13-32"	.1 Drip
		13-32	ABk C	Platy					
		32-48	SBk CL	Fr SS SP Serp					
2	3-4% SS	0-11	SBk SCL	Fr SS SP Serp	Chroma 2 @ 24" Platy @ 12"	48"	N/A	36-48"	U
		11-36	ABk C	Fr SS SP Serp					
		36-48	SBk CL	Fr SS SP Serp					
3	3-4% SS	0-12	SBk SCL	Fr SS SP Serp	Chroma 2 @ 24" Platy @ 20"	48"	N/A	24"	.1 Drip
		12-41	ABk C	Fr SS SP Serp					
		41-48	SBk CL	Fr SS SP Serp					
4	3-4% SS	0-16	SBk SCL	Fr SS SP Serp	N/A	37"	N/A	Rock @ 37"	.275
		16-35	SBk C	Fr SS SP Serp					
		35-48	SBk CL	Fr SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	U	U
System Type(s)	—	—
Site LTAR	—	—

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): U
EVALUATED BY: Boggs
OTHER(S) PRESENT:

OMMENTS:

pdated February 2014

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

Sheet 3 of 4
PROPERTY ID #: 475142557
COUNTY: Iredell

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

OWNER: Mark Coleman
ADDRESS: 2237 Triplett Rd
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 558 Ostwalt Amity Rd
APPLICATION DATE: 1-17-19
DATE EVALUATED: 1-29-19
PROPERTY SIZE: 17.63 Acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
14		0-10	SBk SCL		Mat YB Mottles	48"	N/A	Plinthy @ 16"	U
		10-30	ABk C						
		30-48	SBk CL						
15 2		0-12	SBk SCL		Mat YB Mottles	48"	N/A	Platy @ 20"	.1 Drip
		12-32	ABk C						
		32-48	SBk CL						
16 3		0-10	SBk SCL		Mat YB Mottles	48"	N/A	Platy @ 20"	.1 Drip
		10-32	ABk C						
		32-48	SBk CL						
17 4		0-6	SBk SCL		4B Mottles throughout Mat/Sat	48"	N/A	Platy @ 12"	U 0
		6-35	ABk C						
		35-40	SBk CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	✓	✓
Site LTAR		

OTHER FACTORS (.1946): ✓
SITE CLASSIFICATION (.1948):
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

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

Sheet 4 of 4
PROPERTY ID #: 4751425757
COUNTY: Iredell

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

OWNER: Mark Coleman
ADDRESS: 2237 Triplett Rd
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 558 Ostwalt Ferry
APPLICATION DATE 1-17-19
DATE EVALUATED: 1-29-19
PROPERTY SIZE: 17.63 Acre
PROPERTY RECORDED: Yes

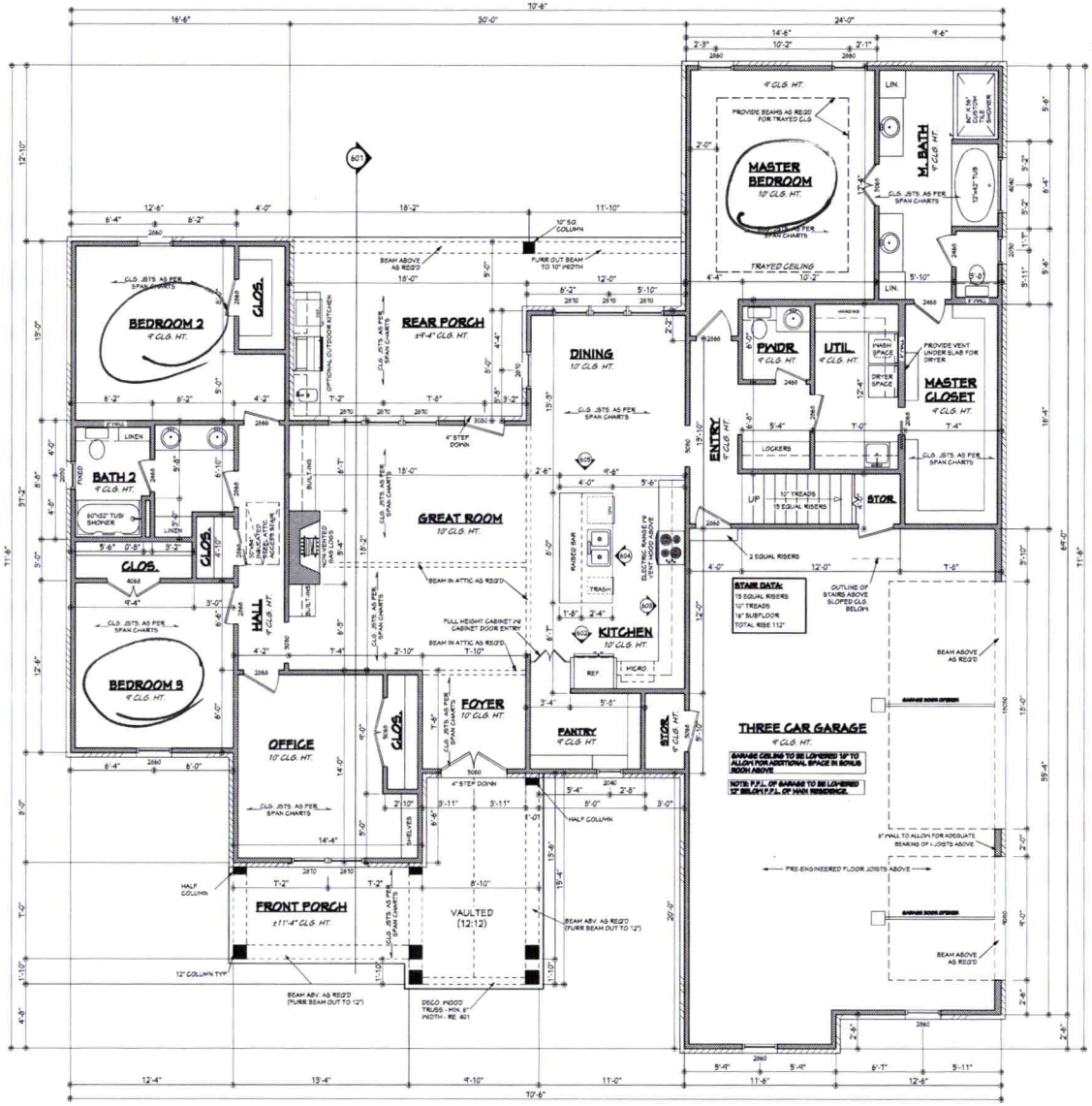
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10	0-25	SCL	Fr SS SP Scrp	Platy @ 20"	48"	N/A	Platy @ 20"	.225
		25-37	C	Fr SS SP Scrp					
		37-48	CL	Fr SS SP Scrp					
		48	Rock						
2	11	0-27	SL	Fr SS SP Scrp	Platy @ 27"	48			.1 Drip
		27-48	C	Fr SS SP Scrp					
		48	Rock	Fr SS SP Scrp					
3	12	0-17	SL	0-17 SL	Tiger dirt/ Platy @ 25"	48			.1 Drip
		17-36	C	17-40 C					
		36-48	Rock	40-48 CL					
4	13	0-12	SBK	Fr SS SP Scrp	Platy @ 17"	48		Rock @ 40"	U
		12-34	ABK	Fr SS SP Scrp					
		34-48	SBK	Fr SS SP Scrp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	U	U
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): U
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:



CONTRACTOR TO LOCATE HVAC AND WH @ SITE.

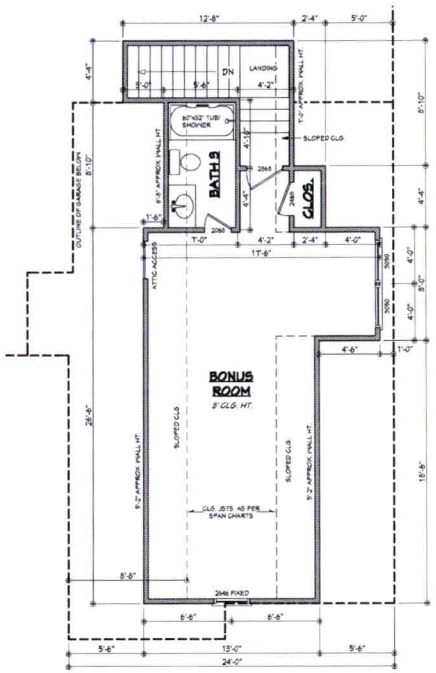
BB-2373-3C FLOOR PLAN

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

AREAS:	2373	S.F. HEATED - FIRST FLOOR
	479	S.F. UNHEATED - BONUS FLOOR
	873	S.F. UNHEATED - GARAGE
	18	S.F. UNHEATED - STORAGE
	238	S.F. UNHEATED - FRONT PORCH
	294	S.F. UNHEATED - REAR PORCH
	1902	S.F. TOTAL UNHEATED
	4275	S.F. TOTAL UNDER ROOF

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT OR IN ACCORDANCE WITH SECTION R312.2 WHERE THE TOTAL RISE IS MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY. GUARD HEIGHT SHALL BE MEASURED VERTICALLY FROM THE WALKING SURFACE OR TRIAD. GUARDS SHALL NOT BE CONSTRUED AS ASSUMED BY 2015 IRC 1.1.8 & M1305.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE ACCESS AND SERVICING SPACES SHALL BE A MINIMUM PERIMETER OF 90 INCHES, AND ALL BE BROUGHT TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY PIPING, WIRING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18 INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. THE FURNACE SHALL BE INSTALLED SUCH THAT THE DOOR OPENS TO THE WORKING SPACE AND THE REQUIRED CLEARANCE OF THE COMBUSTION CHAMBER DOOR COMBUSTION AIR OPENING IS MAINTAINED. A DOOR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 11.
EXCEPTION: THESE CRITERIA SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1507.2



BONUS FLOOR PLAN

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

Plans Submittal ONLY!

Date: 3-20-18

Approved

Date: 3/21/19

Designing Homes for HOUSE PLAN ZONE Building Professionals

Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387

N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 25-197

Pre-Drawn Plan ID:

BB-2373-3C

House Plan Zone, LLC. has exercised great care and effort in the development of these plans and the completion of these construction documents. However, we cannot guarantee that errors, omissions or deficiencies in the plans will not occur and we are not responsible for any damages, including structural failures resulting from errors, omissions or deficiencies in the design, construction documents or construction administration. In addition to your local building officials prior to construction. Additional engineering may be required by your local building officials prior to construction. It is the owner's responsibility to contact your local building officials prior to construction to determine what additional requirements may be required for construction in your area. Any changes made to these plans must be approved by House Plan Zone, LLC. in writing before construction begins. Failure to obtain approval for changes will void and release House Plan Zone, LLC. from any responsibility for errors that may occur. Changes made to these plans without the knowledge and approval of House Plan Zone, LLC. will release House Plan Zone, LLC. from any and all responsibility for the architectural integrity of the design. Any design professional hired to review and/or modify these plans assumes responsibility for errors and omissions resulting from his/her modifications. House Plan Zone, LLC. has been indemnified for any errors and omissions that may occur as a result of changes made by others. These plans are protected by U.S. Copyright Laws. Reproduction of these plans in whole or in part by any means without the written permission of House Plan Zone, LLC. is expressly prohibited. Violators will be prosecuted in accordance with U.S. Copyright Laws.

Date: 10.18.18

Drawn By: J.A.B.

Project Name:

SHEET NUMBER

3

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: MARK Coleman Address: 2237 Tripletts Rd, Mt. Ulla, NC Zip: 28125

Applicant Email: mark@keepsafesecurity.net Phone: 704 929-9993 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: ~~5558~~ Ostwalt Amity Rd, Troutman, NC

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

Driving Directions: Hwy 21 From Troutman, Turn Left on Ostwalt Amity Rd
Go 1.7 miles on Right 17 Acre Field

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: 2
(✓) Swimming Pool
(✓) Other Addition/Structure: Pool House

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: ___ Max. Number of Employees: ___ Max. Number of Seats/Beds/Other: ___

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2

(✓) 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: Mark Coleman 1-17-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

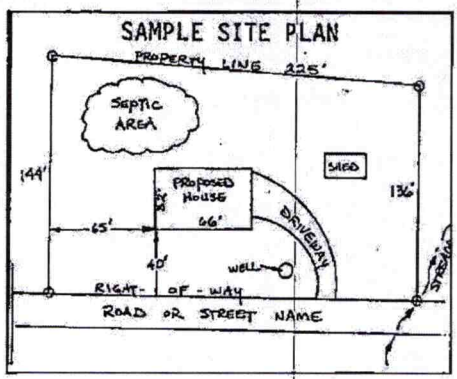
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

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

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

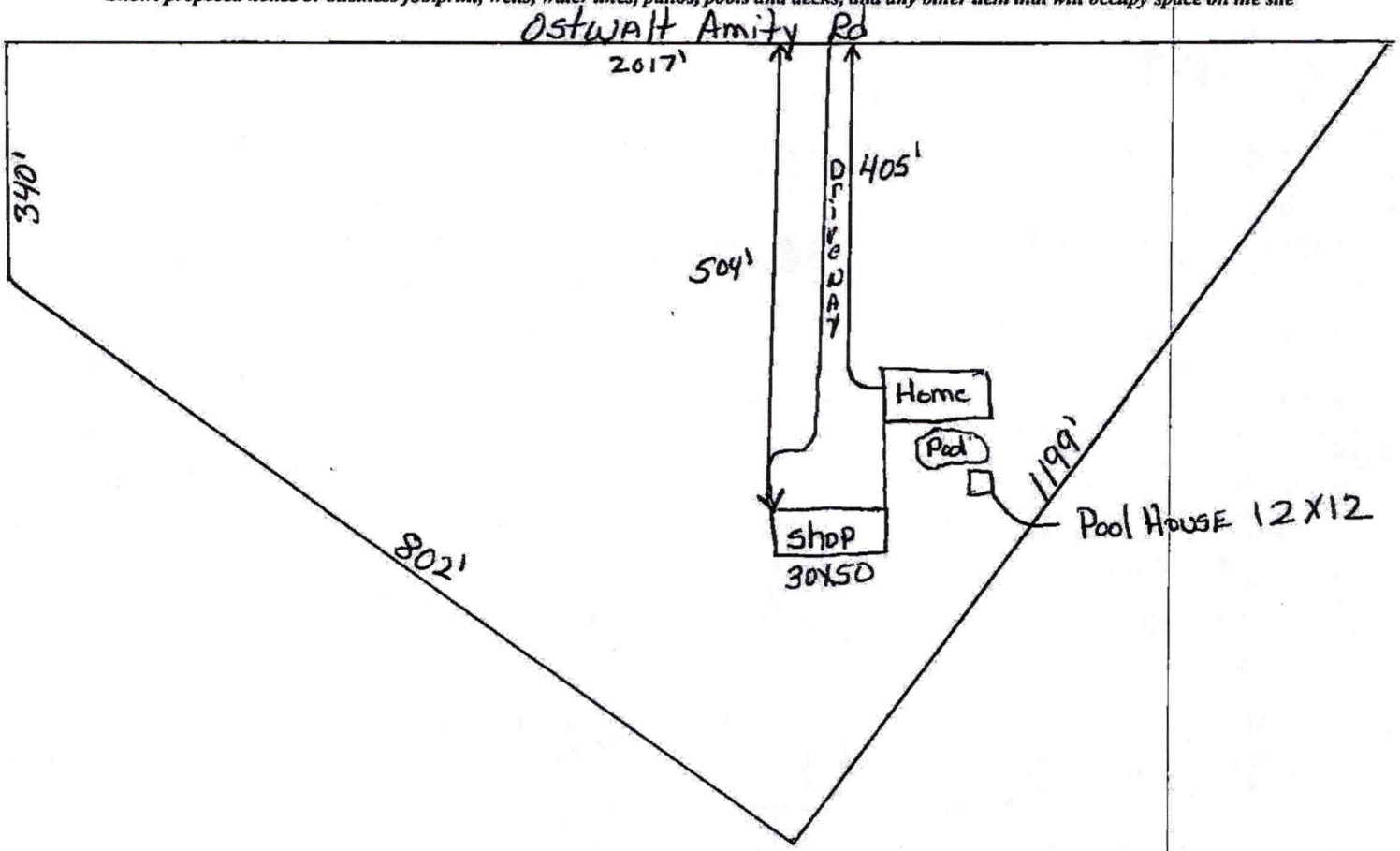


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



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

1-17-19
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*) Mark A Coleman

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, MARK A Coleman, am the legal owner(s) of the property located at 5585 Ostwalt Amity Rd, identified as

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

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

_____, 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.

Mark A Coleman
Signature of Owner(s)

1-17-19
Date

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

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

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 ****

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

___ **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.**

___ **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.**

___ **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.

___ 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 non-refundable. 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 Mark A Allen **Date** 1-17-19

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625