IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21437

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

PIN # 4751482187 3031

APPLICANT: Rollans Soil + Environmental APPLICANT ADDRESS: P.O. Box 832 Mooresville NC

SITE ADDRESS: ✓180 Pilch Rd ~~Troutman NC 28166~~ Stvl 28677 PHONE: 704-746-5046 ALT. PHONE: 980-721-4132

SITE DIRECTIONS: 215 T/L Oswalt Amity Rd T/L Pilch Rd Lot on left

SUBDIVISION: ✓Howie Dietmeyer + Jessica Dietmeyer SECTION: N/A LOT # 1 LOT AREA: 5.0 DESIGN FLOW: 360 L.T.A.R.: 0.2

Septic Tank 1000 (gal) STB 760 Date 10-22-18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 450

Trench Width 36" Max. Trench Bottom Depth 15" low side Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: 25% Reduction

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install per plan by Rollans Soil + Environmental

INITIAL SITE SKETCH

Seep lan by Rollans Soil + Env

AS BUILT SKETCH

INSTALLED AS PERMITTED

REPAIR AREA UNIMPACTED AT TIME OF INSPECTION

LOT TO ONLY HAVE ON ADDRESS

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: Jessica R Rollans Date: 2.11.19

IMPROVEMENT PERMIT by: Date: 11/20/18

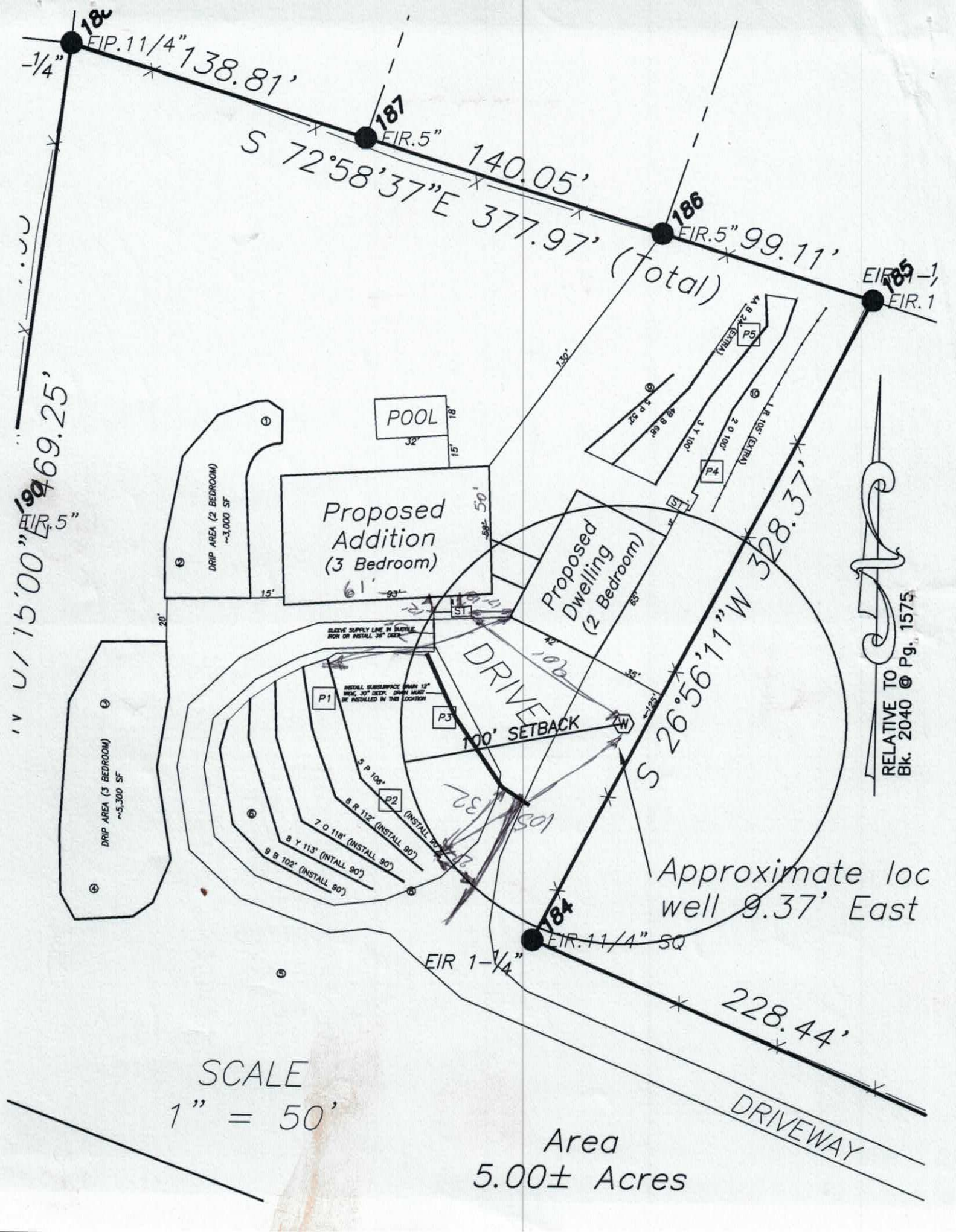
AUTHORIZATION TO CONSTRUCT by: Date: 2-6-19

Installed by: GROUND BREAKERS

OPERATION PERMIT by: Date: 3-15-19

Existing System Inspected by: Date:

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


182
FIP.11/4"
-1/4"
138.81'
187
FIR.5"
140.05'
S 72°58'37"E 377.97' (Total)
186
FIR.5" 99.11'
185
FIR.1
S 15°00"E 469.25'
190
FIR.5"
POOL
32'
18'
15'
Proposed Addition (3 Bedroom)
61'
93'
50'
DRIP AREA (2 BEDROOM) ~3,000 SF
15'
20'
Proposed Dwelling (2 Bedroom)
85'
42'
35'
ST
SLEEVE SUPPLY LINE IN SHEATH IRON OR INSTALL 36" DEEP
DRIVE
P1
P3
P2
INSTALL SUBSURFACE DRAIN 12" WIDE, 30" DEEP, DRAIN MUST BE INSTALLED IN THIS LOCATION
3 P 108'
6 R 112' (INSTALL 90')
7 O 118' (INSTALL 90')
8 Y 113' (INTALL 90')
9 B 102' (INSTALL 90')
100' SETBACK
W
S 26°56'11"W 328.37'
P5
P4
4 A 24' (EXTRA)
4 B 68'
3 Y 100'
2 O 100'
1 R 106' (EXTRA)
130'
RELATIVE TO Bk. 2040 @ Pg. 1575
Approximate loc well 9.37' East
184
FIR.11/4" SQ
EIR 1-1/4"
228.44'
DRIVEWAY
DRIP AREA (3 BEDROOM) ~5,300 SF
SCALE
1" = 50'
Area
5.00± Acres

ROLLANS ***Soil & Environmental Services, PA.***
P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an 25% Reduction Septic System with gravity distribution for a 3 bedroom single family residence at 180 Pilch Road (PIN#: 4751482187), Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	SUBMITTED
Calculations	8
Profile Descriptions	SUBMITTED
Septic Application	SUBMITTED
Authorization Form	SUBMITTED
Zoning Permit & Receipt	SUBMITTED

November 19, 2015
Project #: 01-3075
Design By: Rollans Soil & Environmental Services, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a drip irrigation installation.
- Backfill 4 - 6" of material (Excavation material) over chambers, install trenches 36" wide to be level but have no more than 1/4" fall in 10 feet.
- **Install Subsurface Drain 12" wide, 30" deep. (See Site Plan)**
- **Supply Line installed under driveway. Install 36" deep or sleeve in Ductile Iron.**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Howard & Jessica Dietmeyer
Address:	2625 Andes Drive Statesville, NC 28625
Phone:	980.721.4132
County:	Iredell
Location:	180 PILCH ROAD (3 Bedroom)
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	360 gpd

Design Specifications

Drainfield Size:	~~360~~ 450
Loading Rate (gpd/ft.^{2}):	0.2
Depth of Gravel in Trench:	N/A
Gravel Size:	N/A
Trench Depth:	18 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Estimated Supply Line Length:	88
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	48.98
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

180 PILCH ROAD (3 Bedroom)

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.2
TOTAL AREA TRENCH BOTTOM:	1350
TOTAL LATERAL LENGTH:	450
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	450
SUPPLY LINE LENGTH:	75
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

180 PILCH ROAD (3 Bedroom)

Project #: 01-3075

LAYOUT FOR 3 BEDROOM HOME ###############

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
5	*PINK*					*106*	*90*
6	*RED*					*112*	*90*
7	*ORANGE*					*118*	*90*
8	*YELLOW*					*113*	*90*
9	*BLUE*					*102*	*90*
DRIP REPAIR						*5300 SF*	*5300 SF*
					Total	**551**	**450**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*450*	*0.200*	*ACCEPT.*	*0.200*	*25% RED*	*GRAVITY*
Repair	N/A	0.100	*DRIP IRRIGATION*	0.125	*DRIP IRRIGATION*	*LOW PRESSURE*

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****Lines on Site Plan are Flagged Length (refer to Design length above for Installation Length.**

**All septic lines located via Surveyor

CALCULATIONS

Location 180 Pilch Road

Project Number 01-3075

Lot No: NA

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.200 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 75 ft.

Supply Line Volume 48.975 gal.

Required Feet of Line 450 ft.
Amount of Line from Layout 450 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

HSV

PROPERTY ID #: 4751402107
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Howard & Jessica Dietmeyer — APPLICATION DATE: 10/12/15
ADDRESS: 1625 Andes Dr. Statesville NC 28625 — DATE EVALUATED: 09/2015
PROPOSED FACILITY: 3BR / 2BR — PROPOSED DESIGN FLOW (.1949): 360 GPD / 240 GPD — PROPERTY SIZE: 15.00
LOCATION OF SITE: 180 Pitch Rd. Troutman NC 28166 — 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
P 1	4/9%	0-2	BSL Gr	Fr SS SP		45"	—	—	PS .25-.275
		2-17	RB C wmAbk	Fr SS SP					
		17-45	RB C mmAbk	Fr SS SP					
P 2	4/8%	0-2	BSL Gr	Fr SS SP		46"	—	—	PS .25-.275
		2-11	YR SCL mmsbk	Fr SS SP					
		11-46	RB C wmAbk	Fr SS SP	-CY Mod. >22" -CH. R2's @ 42"				
P 3	4/10%	0-2	BSL Gr	Fr SS SP		46"	—	—	PS .25
		2-10	YR SC wmsbk	Fr SS SP					
		10-27	RB C mmAbk	Fi SS SP	- Few SAP				
		27-46	RB C mmAbk	Fi SS SP	- Common Fe Depl. -CH. R2's @ 37"				
P 4	4/7%	0-3	BSl Gr	Fr SS SP		36"	—	—	PS .275-.3
		3-11	BR SCL wfsbk	Fr SS SP					
		11-36	RBC mmsbk/Abk	F SS SP					
		36-48	VAR SL MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted
Site LTAR	0.25-0.3	0.25-0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Wendell Overby

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4751482187
DATE OF EVALUATION: 6/9/2015
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 5	4/6%	0-4	B SL Gr	Fr SS SP					
		4-48	RB C mmAbk/sbk	Fi SS SP	- Few Fe Depl	48"	—	—	PS .275-.3
B 1	4/12%	0-3	BSL Gr						
		3-10	RB Cl wmsbk						
		10-31	RB C/CL wmsbk	Fr SS SP - CH.R 2s@24"	- C. Fe Depl mm Concn	31"	—	—	MARG
B 2	4/10%	0-12	BRCl wmsbk	Fr SS SP					
		12-32	RBC wmAbk/sbk	F SS SP	- C Fe Depl/mm Concn.				PS
		32-43	YR C/CL wfsbk	F SS SP	- C. Fe Concent. - CH.R 2s@40"	43"	—	—	.225-.25
B 3	4/5%	0-6	RBCL mmsbk	Fr SS SP					
		6-36	RC wmAbk/sbk	F SS SP					PS
		36-48	RC wmsbk	Fr SS SP	- Few SAP	48"	—	—	.3
B 4	4/7%	0-9	BRCL wfsbk	Fr SS SP					
		9-35	RC wfAbk/sbk	F SS P	- C. Fe Depl.				PS
		35-44	RYC wmsbk	Fr SS SP	- C. Fe Depl. - CH.R 2s@35"	44"	—	—	.225-.25

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 475148 2187
DATE OF EVALUATION: 09/2015
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 5	L/11%	0-10	BRCL wfsbk	Fr SS SP		48"	—	—	PS .3
		10-26	RC mmsbk/Abk	FSS SP					
		26-48	RC wmsbk	Fr SS SP					
B 6	L/4%	0-6	BR CL wmsbk	Fr SS SP		48"	—	—	PS .3
		6-24	RC mmsbk/Abk	F SS SP	-C. Fe Depl.				
		24-48	RBC wmsbk	Fr SS SP	-Few SAP.				
B 7	L/16%	0-10	BRCL wfsbk	F SS SP		30"	—	—	UN
		10-26	RBC wmsbk/Abk	F SS SP	-C. Fe Depl. -CH.R 2's @ 23"				
		26-30	RYC wmsbk	F SS SP	-C. Fe Concen/ CH.R.2's & SAP				
B 8	L/8%	0-6	BSL Gr	Fr SS SP		48"	—	—	PS .25 At grade
		6-13	BRCL wfsbk	FSS SP					
		13-24	RBC wmAbk/sbk	FSS SP	-F-C-Fe Depl				
		24-48	RBC wmsbk	Fr SS SP	-C. Fe Depl -CH.R 2's @ 33"				
B 9	L/7%	0-6	BSL Gr			48"	—	—	PS .3
		6-14	BRCL wfsbk	Fr SS SP					
		14-36	RBC wmsbk/Abk	Fr SSSP					
		36-48	RYC/CL wmsbk	Fr SS SP	-Few SAP				

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4751482187
DATE OF EVALUATION: 09/15
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B		0-4	BSL Gr						
		4-9	BRCL wfsbk	Fr SS SP					PS
10	L/7%	9-24	RBC wmsbk/AbK	F SS SP		48"	—	—	.3
		24-39	RYC wmsbK	Fr SS SP					
		39-48	RYCL wfsbk	Fr SS SP					

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

****

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

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

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: America's Home Place Inc Address: 1206 Greenleaf Dr Statesville NC Zip: 28677

Applicant Email: CKholloway@ahphomes.com Phone: 704-746-7094 Alt. Phone: _____

Owner Name: Howie + Jessica Dietmeyer Address: 180 Pilch Rd, Statesville NC Zip: 28677

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

****

Property Information:

Street Address: 180 Pilch Rd Statesville NC 28677

Subdivision Name: Howie Dietmeyer + Jessica Dietmeyer Section/Phase: NA Lot Number: 1

Driving Directions: 215 N Oswalt Amity Rd T/L onto Pilch Rd Lot on left

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: _____ — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

****

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

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

****

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

****

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: _____ 2/4/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner is authorizing 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.

Jessica Dietmeyer

I, [redacted], am the legal owner(s) of the property located at 180 Pilch Rd Statesville NC 28677, identified as PIN (Parcel Identification Number) 4751 48 2187, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chad Holloway, Americas Home Place Inc., to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

Jessica R Dietmeyer 2/13/19 Howard J Dietmeyer III 2/13/19

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.

[redacted] _____ [redacted] _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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

1. **APPLICATION FOR:** (✓) Improvement Permit ( ) Authorization To Construct ( ) BOTH ( ) Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable (✓) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Rollans Soil & Environmental	P.O. Box 832, Mooresville NC 28115		(704) 746-5046
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Howard & Jessica Dietmeyer	2625 Andes Dr. Statesville, NC 28625		(980) 721-4132

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
180 Pilch Rd. Troutman NC 28166	N/A	N/A

Driving Directions: From US 21/115 take Ostwalt Amity Rd, left on Pilch Rd. 180 Pilch Rd.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Accepted ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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

9. **Signature:** Samuel A Rollins — 10/12/15

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Howard J. Dietrieger III + Jessica R Dietrieger, am the legal owner(s) of the property located at 180 Pilch Rd., Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4751472996.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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.

Howard J Dietrieger III Jessica R Dietrieger 10/12/15
Signature of Owner(s) Date

Rachel Doerr 10-12-15
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483

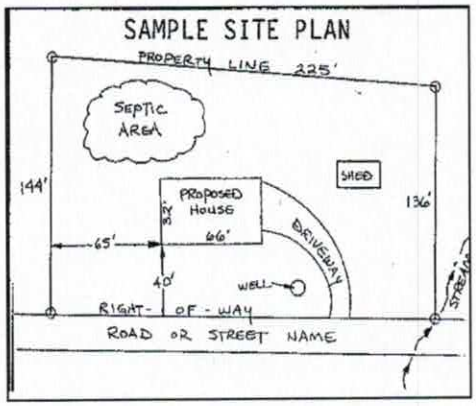
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

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



Circle N/A on the following if appropriate:

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

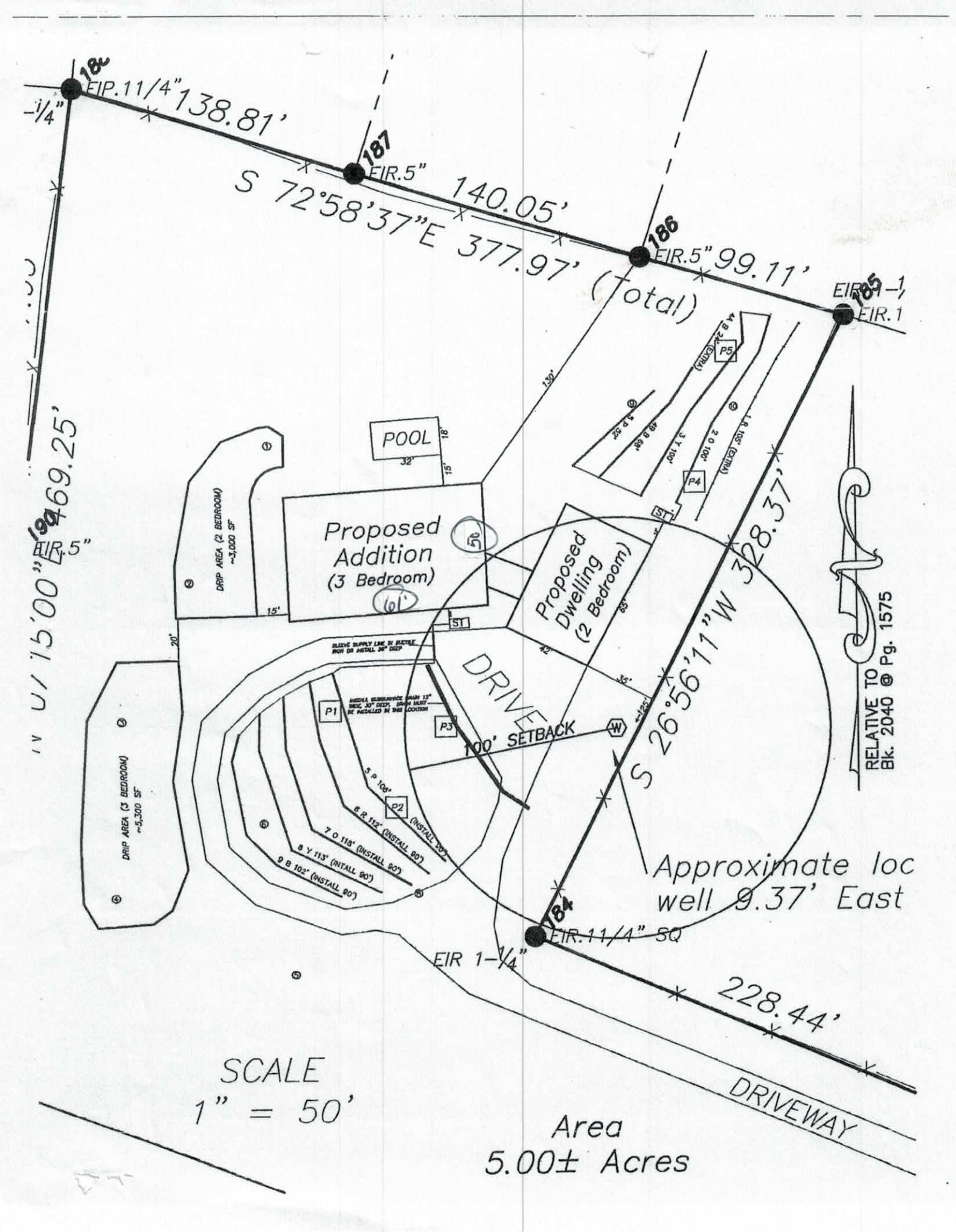
USE THIS SPACE TO DRAW YOUR SITE PLAN

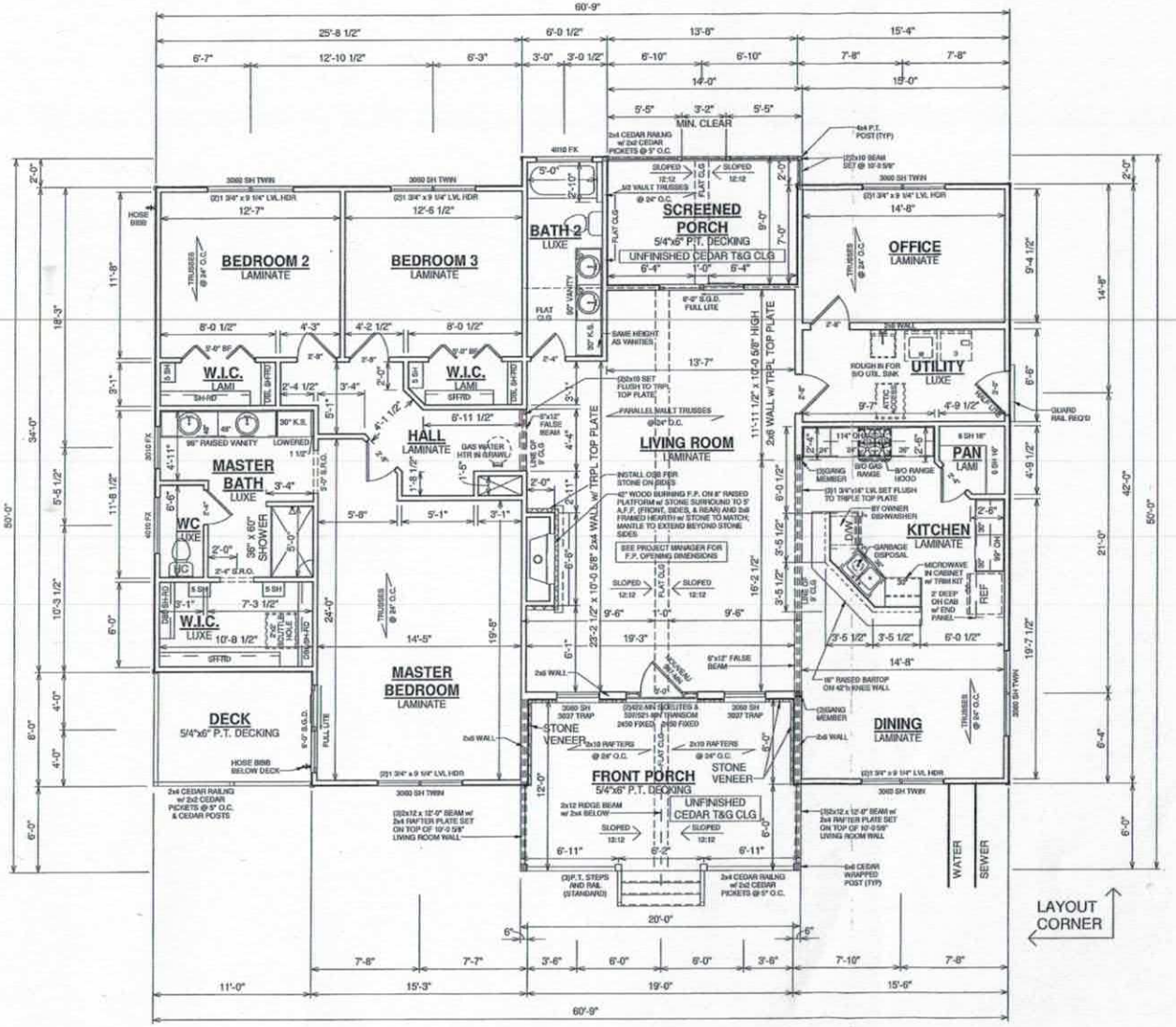
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Site Plan

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

2/4/19
DATE


EIP.11/4" 138.81'
187
EIR.5" 140.05'
S 72°58'37"E 377.97' (Total)
186
EIR.5" 99.11'
185
EIR.1
EIR.5"
S 15°00"E 469.25'
POOL
32'
18'
15'
Proposed Addition (3 Bedroom)
Proposed Dwelling (2 Bedroom)
DRIP AREA (2 BEDROOM) ~3,000 SF
DRIP AREA (3 BEDROOM) ~5,300 SF
DRIVE
100' SETBACK
S 26°56'11"W 328.37'
RELATIVE TO Bk. 2040 @ Pg. 1575
Approximate loc well 9.37' East
184
EIR.11/4" SQ
EIR 1-1/4"
228.44'
DRIVEWAY
SCALE
1" = 50'
Area
5.00± Acres



Acknowledgement Of Plans Submittal ONLY!
Date 2/4/19
Owner Kelly
Builder Caroline Date 2-4-19

SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS, PENCIL EDGE, AND 4" BACKSPLASH w/ 50/50 UNDERMOUNT SINK
- GRANITE VANITY COUNTERTOPS w/ UNDERMOUNT SINKS IN ALL BATHS
- GENTLEMAN HEIGHT VANITY IN MASTER BATH
- KITCHEN WALL CABINETS TO BE 42" TALL ILO STANDARD HEIGHT
- BY OWNER KITCHEN APPLIANCES
- SMOOTH CEILINGS THROUGHOUT
- HANDICAP ACCESSIBLE TOILET IN MASTER BATH
- "SANTA FE" STYLE INTERIOR DOORS THROUGHOUT
- "WAVERLIE" LEVERED INTERIOR DOOR HANDLES THROUGHOUT
- OWNER WILL INSULATE SOME INTERIOR WALLS PRIOR TO DRYWALL
- DECK BOARDS TO BE SCREWED DOWN ILO NAIL DOWN
- DECK AND PORCH FLOOR JOISTS TO BE RUN FRONT TO BACK - DECKING BOARDS WILL BE RUN LEFT TO RIGHT
- BY OWNER STAIN / SEALER ON UNFINISHED CEDAR PORCH RAILS, CEDAR T&G CEILINGS, AND CEDAR WRAPPED BEAMS
- UPGRADE FRONT DOOR TO - NOUVEAU 907-MN w/ (2)422-MN SIDELITES & 507/521-MN TRANSOM - STAIN GRADE FINISH

Revision Schedule			
Revision Number	Revision Description	Revision Date
1	REVISION 1	12/19/18
2	FINAL PLAN	01/25/19

AREAS:		
FIRST FLOOR HEATED	2266 SF	
HEATED TOTAL	2266 SF	
FRONT PORCH	234 SF	
SCREENED PORCH	124 SF	
UNHEATED UNDER ROOF	358 SF	
TOTAL UNDER ROOF	2624 SF	
DECK	68 SF	

THE: MOUNTAINVIEW I-B

FOR: JESSICA & HOWARD DIETMEYER

180 PITCH RD
STATESVILLE, NC 28677

OFFICE: STATESVILLE, NC
SOLD BY: J. SCHOOLEY

DRAWN BY: T. RAWL
CHECKED BY: R. THOMPSON
PRINT DATE: 1/26/2019 12:02:21 PM

JOB#: 87-18-075
2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
FOUNDATION TYPE: CRAWL SPACE

PROPERTY OF:

© COPYRIGHT - 2018

SHEET NUMBER: F-2

FIRST FLOOR PLAN

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

PAPER SIZE: 11" x 17"

SCALE: 1/8" = 1'-0"

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IREDELL COUNTY

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

APPLICATION NUMBER
214137
Issue Date: 10/12/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751482187.000	180 PILCH ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: DIETMEYER HOWARD J III+JESSICA R	Applicant: ROLLANS SOIL & ENVIRON
Address: 2625 ANDES DR STATESVILLE, NC 28625	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
ADDITION TO PERMIT 214136 FOR HOUSE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	51246	TOTAL FEES:	$ 77.25