ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP-~~307~~416 239411

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

PIN # 4751 - 91 - 7863

APPLICANT/OWNER: PETE DENICOLA | APPLICANT ADDRESS: 110 SHEEP PATH LANE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 142 TREETOP LANE, TROUTMAN, N.C. 28166 | PHONE: 704-235-8489 | ALT. PHONE: —

SITE DIRECTIONS: (S) ON 21, (R) ON OSTWALT AMITY, (R) ON WEATHERS CREEK, (R) ON TREETOP, LOT ON (R) | SAP CONTROLLED: [ ] YES [x] NO

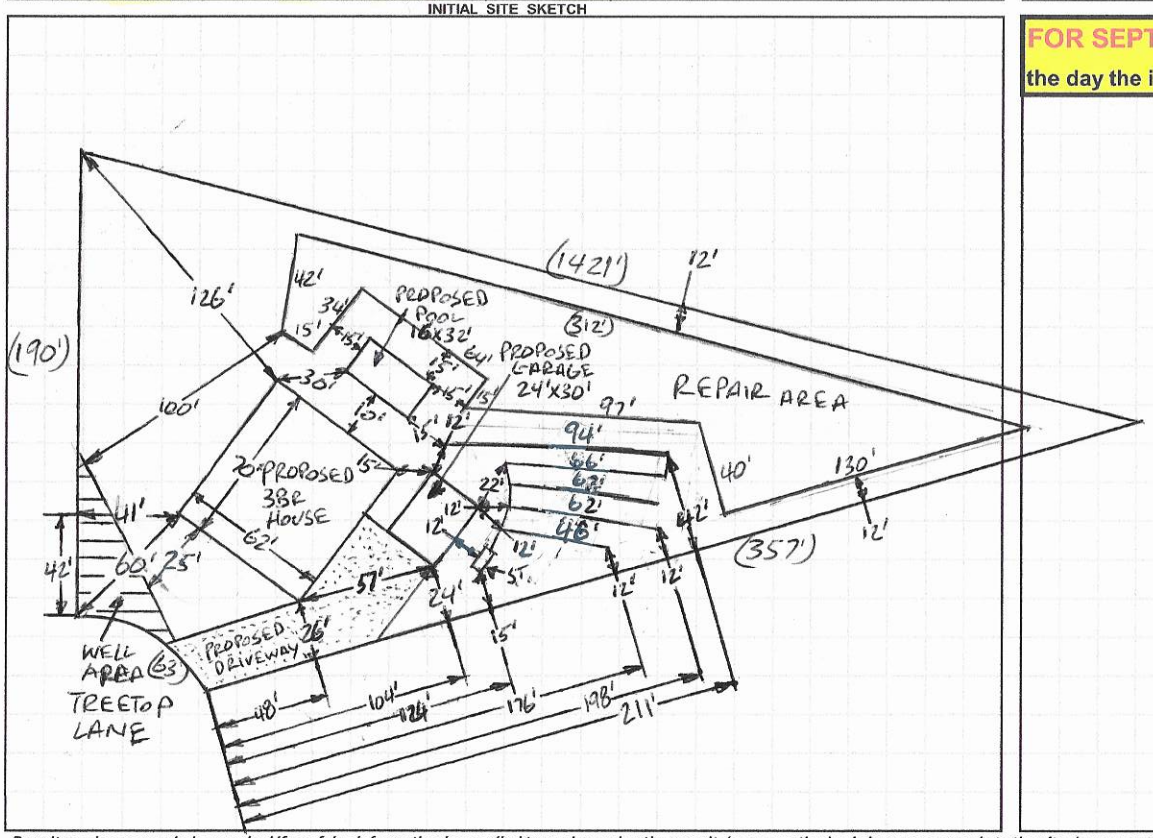
SUBDIVISION: OAK RIDGE | SECTION: P2 | LOT # 20 | LOT AREA: 1.0564 | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	Date	[x] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	3	Water Supply
Pump Tank	— (gal)	PT —	Date —	System Description:	25% REDUCTION	[ ] Business	No. Persons	6	[x] Private
Pump Make	—	Model —	Serial # —	Repair System Description:	DEEP INSTALL, 50% REDUCTION	[ ] Other	No. Employees	—	[ ] Public
# Nitrification Fields	1	# Lines 5	Linear Ft: 330 FT	Maintenance Agreement Required:	[ ] YES [x] NO	[ ] Slab	[x] Crawl Space		[ ] Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	[x] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 34 IN MAX TRENCH BOTTOM, DO NOT SHALLOW SYSTEM UP

12 IN GRADED OFF ENTIRE LOT PRIOR TO LAYOUT.

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.

1 IN = 80 FT

S.T. = SEPTIC TANK

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10-20-20 Installed by: Skye Grading + Repair

IMPROVEMENT PERMIT by: Bradford L. White Date: 10-15-2020 OPERATION PERMIT by: James Boggs Date: 12-29-2020

AUTHORIZATION TO CONSTRUCT by: Bradford L. White Date: 10-16-2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 3
PROPERTY ID #: 4758917363
COUNTY: IREDELL

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

OWNER: PETE DENICOLA
ADDRESS: 110 SHEEP PATH LANE, MOORESVILLE, N.C 28115
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 142 TREETOP LANE, TROUTMAN, N.C 28166
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE: 6-5-20
DATE EVALUATED: 7-8-2020
PROPERTY SIZE: 1.056 AC
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 6%	0-14	~~SL~~, SBK	VFR, SS, SP, SEXP	14" - 30" "TIGER" 10YR 6/2 SAP, INC 36"+	70"+	NA	NA	PS .275 BELOW 30"
		14-34	CL ABK	fl, S, VP, SEXP					
		34-70	SCL, WABK	fl, SS, SP, SEXP					
2	LINEAR SIDE 6%	0-10	SL, SBK	VFR, SS, SP, SEXP	FEW Y/B 10"-18" SAP INC THRU OUT	58"	PS II SL	NA	PS .3
		10-24	CL ABK	fl, S, P, SEXP					
		24-58	SCL, WABK	FR, SS, SP, SEXP					
		58-70	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE 6%	0-14	~~SL~~, SBK	VFR, SS, SP, SEXP	FEW Y/B 14"-20" SAP INC THRU OUT	60"	PS II SL	NA	PS .3
		14-27	CL ABK	fl, S, P, SEXP					
		27-60	SCL, WABK	FR, SS, SP, SEXP					
		60-84	SAP, MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE 6%	0-8	SL, SBK	VFR, SS, SP, SEXP	FEW Y/B 8"-22" SAP INC THRU OUT	60"	PS II SL	NA	PS .3
		8-24	CL ABK	fl, S, P, SEXP					
		24-60	~~SCL~~, WABK	FR, SS, SP, SEXP					
		60-88	SAP, MAS	VFR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Mulica
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

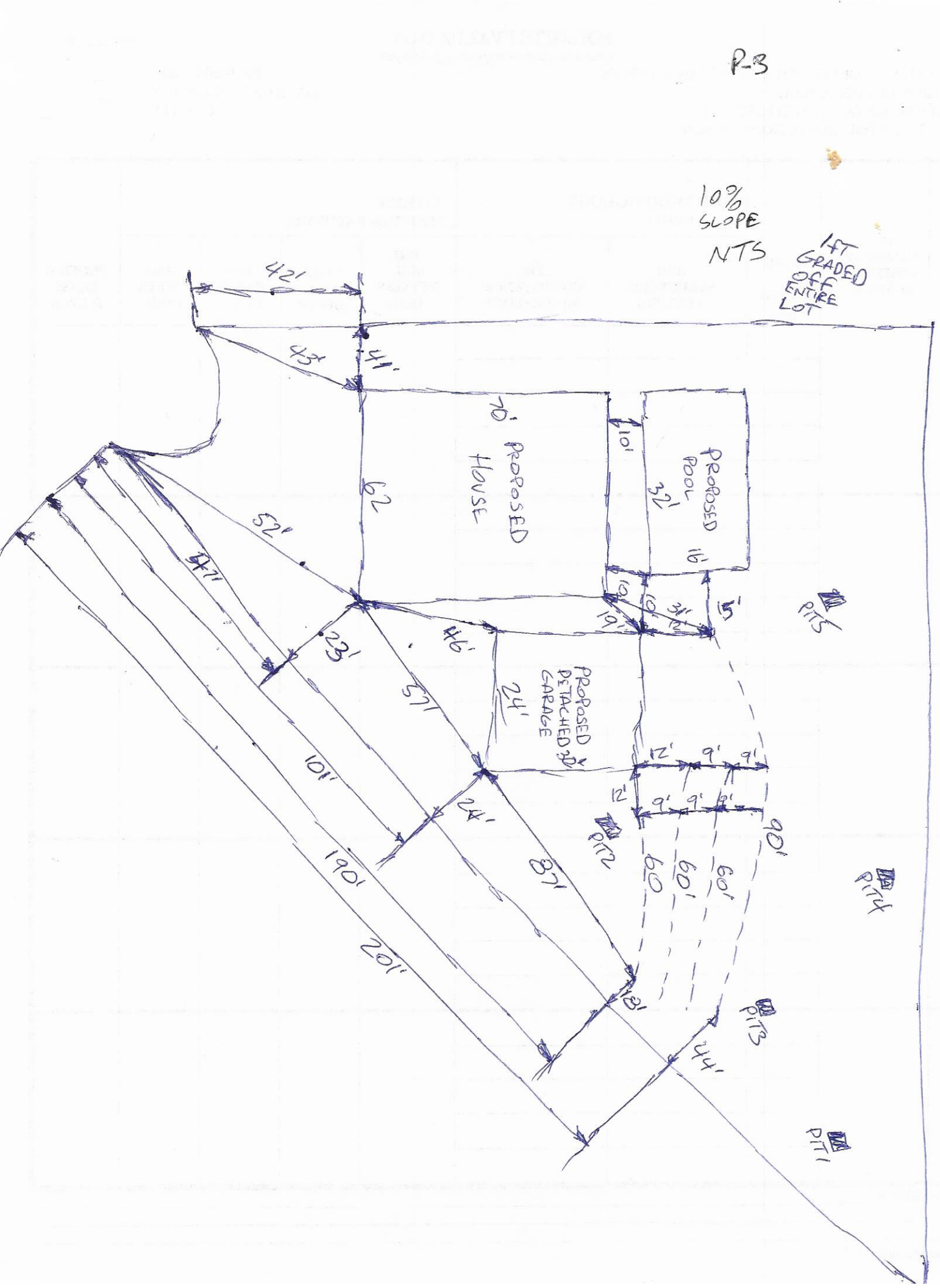
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4751917863
DATE OF EVALUATION: 7-8-2020
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
5	LINEAR SIDE 7%	0-16	SL, SBK	VFR, SS, SP, SEXP	Y/B 16"-30"	67"	PS II SL	NA	PS .275 BELOW 30"
		16-33	C, ABK	FI, S, P, SEXP	10YR 6/2 20"-26"				
		33-67	SCL, WABK	FR, SS, SP, SEXP	SAP INC 30"+				
		67-90	SAP, MAS	FR, NS, NP, SEXP					

P-3


10% SLOPE
NTS
1FT GRADED OFF ENTIRE LOT
42'
43'
41'
70'
PROPOSED HOUSE
62
10'
PROPOSED POOL
32'
16'
52'
47'
23'
46'
10'
10'
3'
5'
PIT5
57'
PROPOSED DETACHED 2CAR GARAGE
24'
12'
9'
9'
12'
9'
9'
9'
90'
101'
24'
PIT2
60'
60'
60'
190'
87'
201'
121'
24'
PIT3
PIT4
PIT1

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Russell Thompson
ADDRESS: 142 Tree top LN
PROPOSED FACILITY: SFR
LOCATION OF SITE: Oak Ridge #20
APPLICATION DATE ____
DATE EVALUATED: 9-2-18
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.06
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	L 5%	0-10	Mo GR SL	FR NS/NP	Br				0.3 deep 32+
		10-32	PL C	Fi S/P	R; C 2 chroma + yel Br				
		32-60	WK SBK C	FR SS/SP	R; C sap				
2	L 5%	0-16	Mo GR SL	FR NS/NP	multi				0.3 35+
		16-35	WK ABK C	Fi S/P	R; C yel Br & 2 chr				
		35-52	WK SBK CL	FR SS/SP	R; C sap				
		52-65	MA L sap	FR SS/SP	multi				
3	L 5%	0-24	WK ABK C	Fi S/P	R; C yel Br / 2 chr				0.25 24+
		24-60	WK SBK C	Fi SS/SP	R; C sap				
4	L 5%	0-24	WK ABK C	Fi S/P	R; C yel Br / 2 chr				0.3 24+
		24-40	WK SBK C	FR SS/SP	R; C sap				
		40-60	MA 4/SL sap	↓	multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conv.	LP PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): 47" TB system
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ____

COMMENTS: ____

RECEIVED JUN 05 2020

12 (52)

AP-307416 (239411)

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: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Peter DeNicola Address: 110 Sheep Path Ln Mooresville Zip: 28115
Applicant Email: PeterPDeNicola@gmail.com Phone: 704 235-8489 Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 142 Treetop Ln. Troutman 28166
Subdivision Name: Oak Ridge Section/Phase: 2 Lot Number: 20
Driving Directions: Oswalt Amity from 21 Turn Right on Weathers Creek (R) on Treetop at End on Right

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

3 PS 7/8/20

CHECK FOUNDATION TYPE

(X) 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: ___
Maximum Number of Occupants: 6
(X) Swimming Pool
(X) Other Addition/Structure:

(X) 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: Number of Persons:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

Signature: _____ 6-5-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____, _____, 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.

_____ 6-5-20

Signature of Owner(s) Date

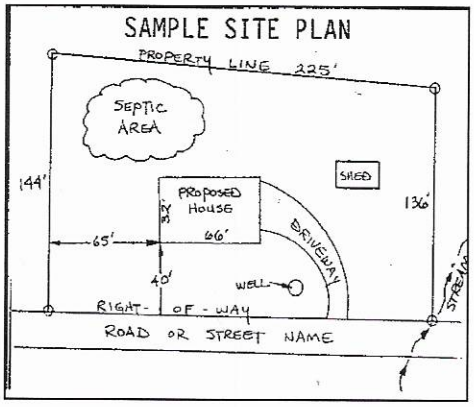
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

- (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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____ 6-5-20

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

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

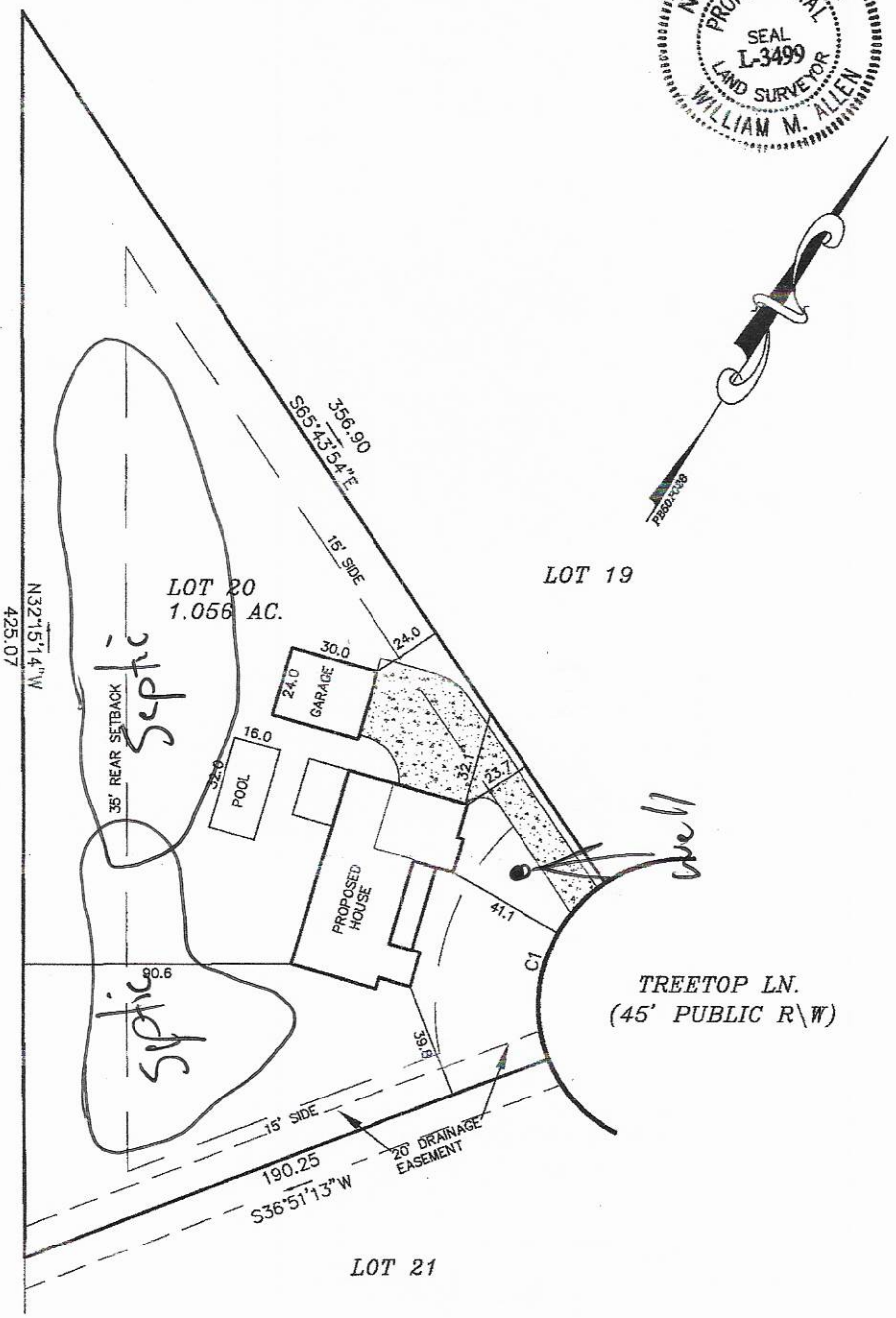
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2683, page 1502, and/or plat book 50, page 28, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 7, day of MAY,
A.D. 20 20.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	67.55'	S 14°26'26" E	62.53'



PLOT PLAN SURVEY

OF

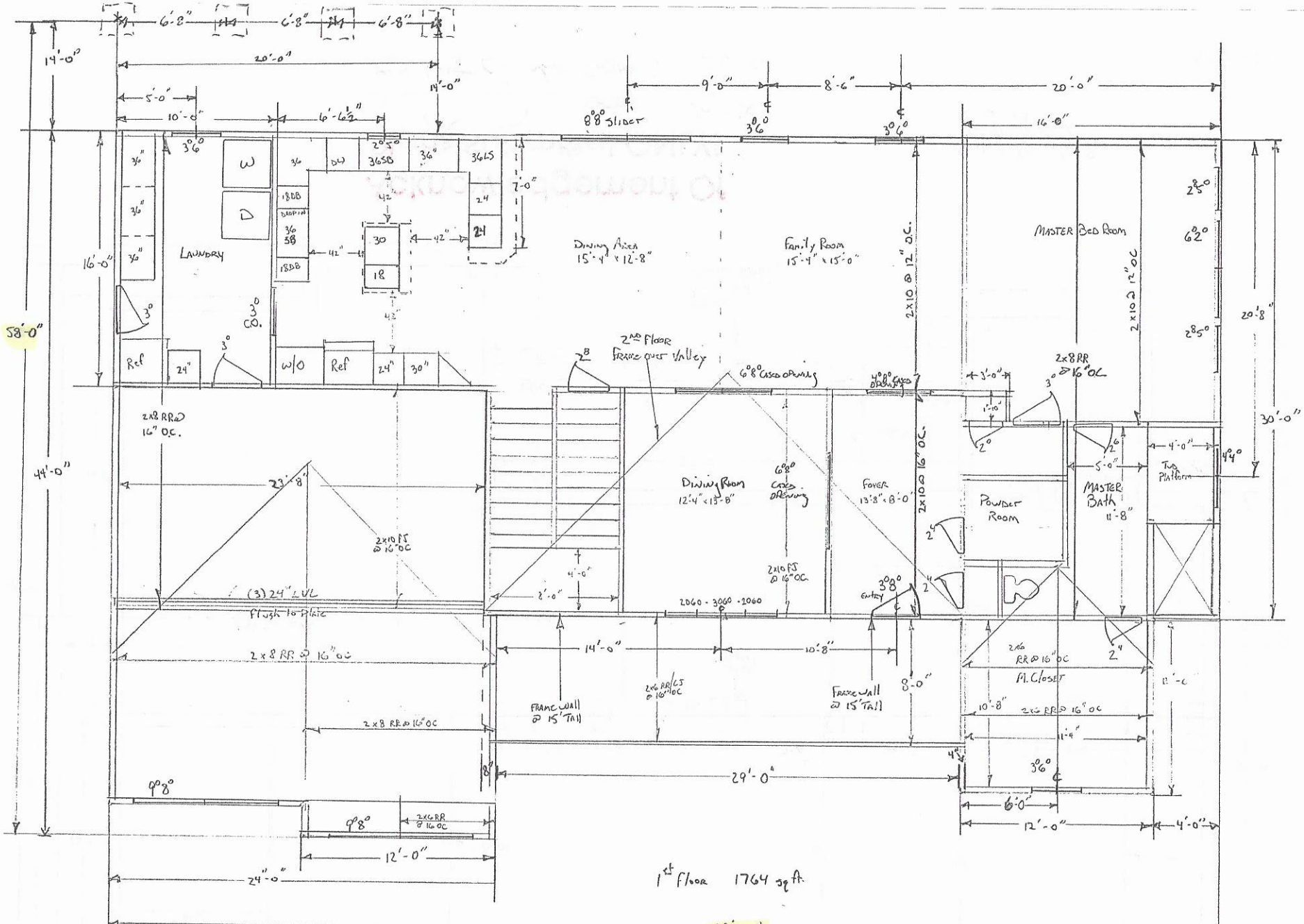
142 TREETOP LN.

LOT 20 OAK RIDGE PHASE TWO

SCALE 1" = 50' BARRINGER TWSP., IREDELL CO., N.C.

ACQUIRED BY: PETE DENICOLA

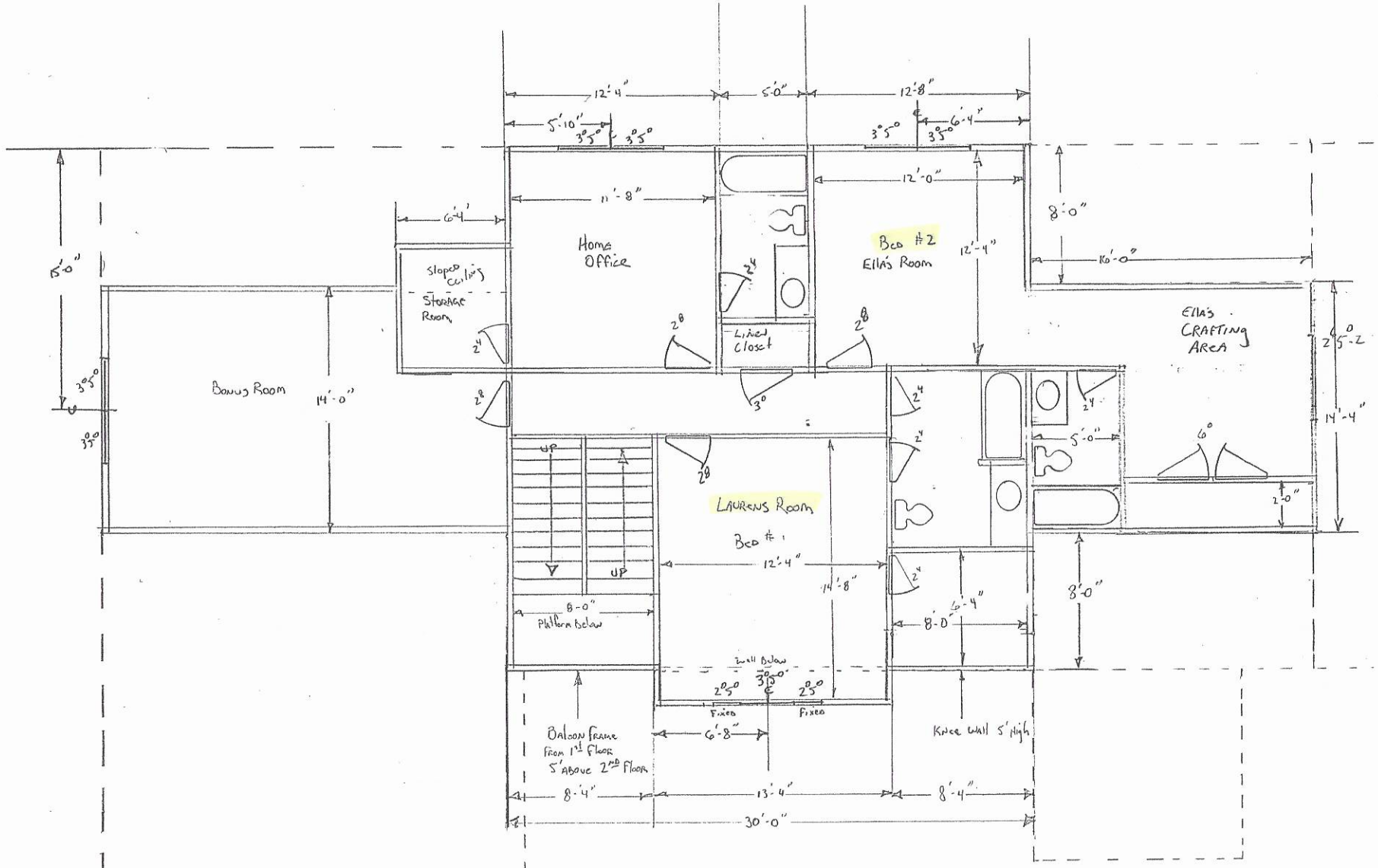
FIELD BOOK:
FILE: OAK RIDGE 20
DC FILE:
TAX MAP NO: 4751917863



Acknowledgement of Plans Submittal ONLY!

Date 10-16-2020

Murphy L. [illegible] Date 10-16-2020



DeNicola/Murphy Residence
142 Tree Top Ln
12-5-19

Acknowledgement Of
Plans Submittal ONLY!

_____ Date 10-20-20

Bryant C. White Date 10-16-2020

IREDELL COUNTY

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

APPLICATION NUMBER
239411
Issue Date: 10/09/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751917863.000	142 TREETOP LANE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: THOMPSON RUSSELL B+JOHNNA K F	Applicant: KATHLEEN SAUNDERS
Address: 330 WINDING SHORE RD	Address: 121 HOLT LANE
TROUTMAN, NC 28166	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.056	35.00	35.00	15.00	15.00	NOT	X

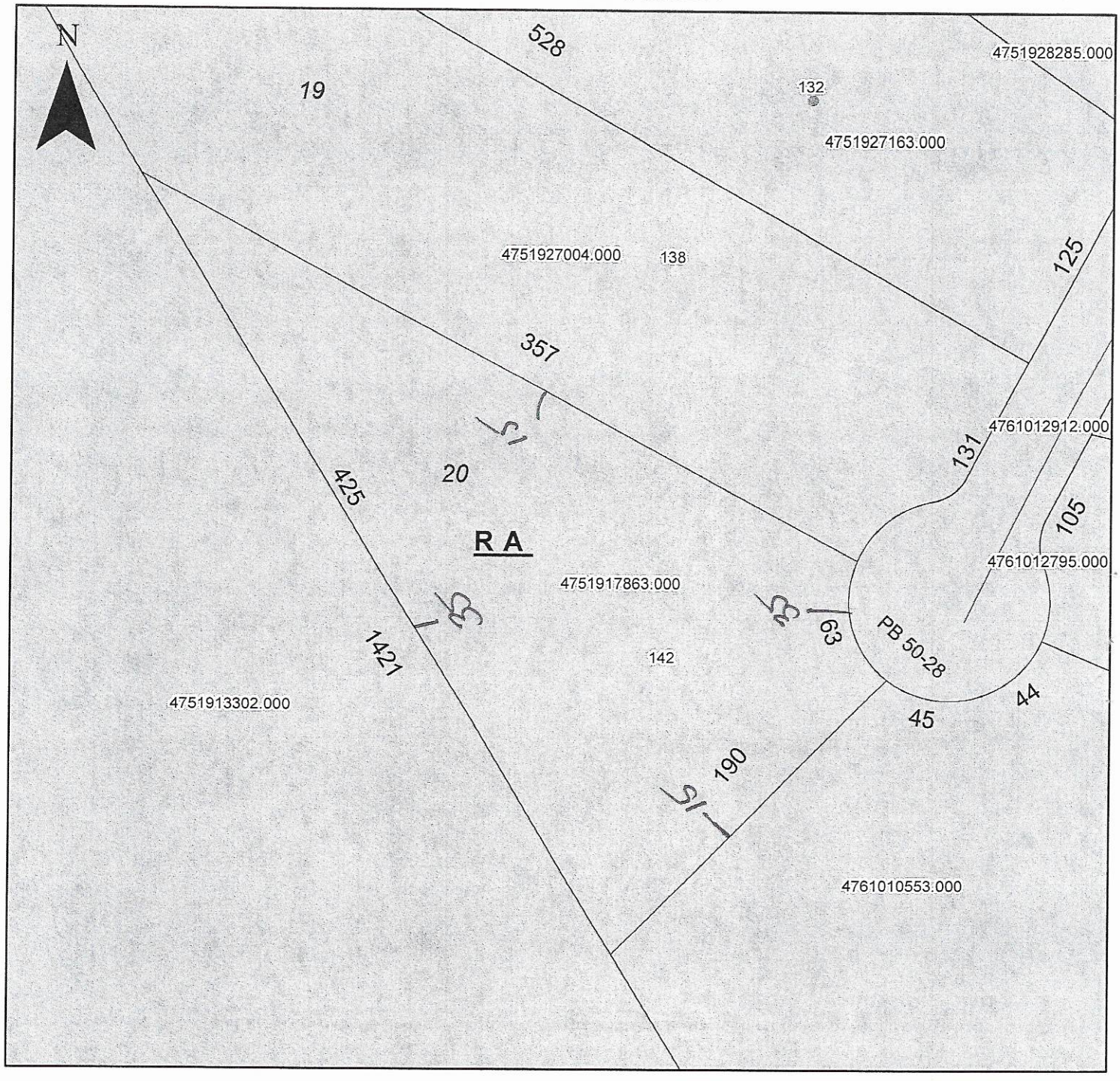
Remarks:

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	155047	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 142 Treetop Ln.

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.

Kathleen Saunders

Applicant

10-9-18

Date