IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (516)

PERMIT # 244305

PIN # 4760106579

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

APPLICANT/OWNER: DERRICK RUPERT

APPLICANT ADDRESS: 188 TOWN SQUARE CIRCLE UNIT 204, MOORESVILLE, NC 28117

SITE ADDRESS: 856 HOUSTON ROAD, TROUTMAN, NC 28693

PHONE: 609-468-8559 ALT. PHONE 609-477-6854

SITE DIRECTIONS: (S) ON 21, (L) ON HOUSTON ROAD, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO REPAIR SAP CONTROL

SUBDIVISION: -

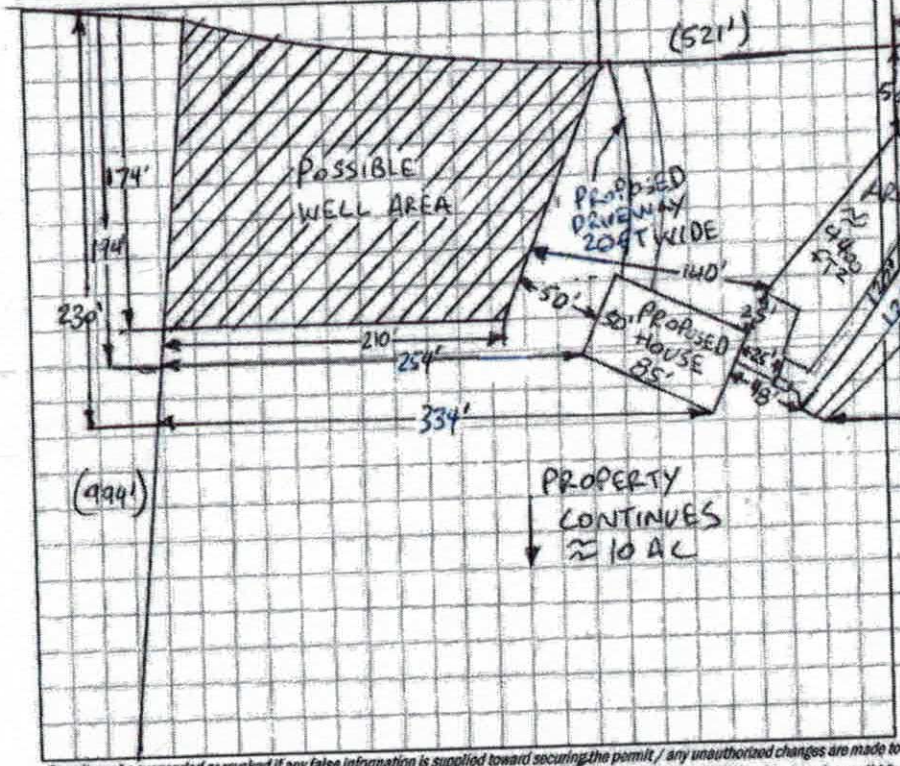
SECTION: - LOT # TRACT 3 LOT AREA: 10 AC

DESIGN FLOW: 360GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	760	Date	3-30-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	25% REDUCTION	☐ Business	No. Persons	6	☑ Private
Pump Make	-		Model	-	Serial #	-	Repair System Description:	25% REDUCTION	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	366FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN		Trench Bottom Depth(Low side)	30 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

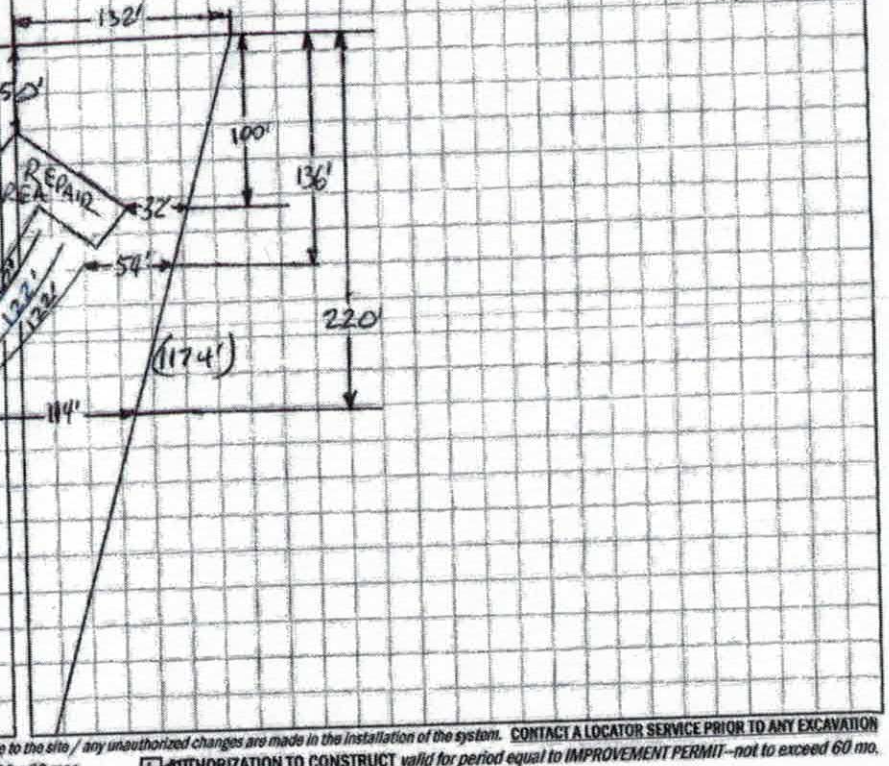
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 100FT FROM ALL WELLS, DO NOT GRADE, PARK OR DRIVE ON SEPTIC AREA

INITIAL SITE SKETCH



AS BUILT SKETCH

1 IN = 100 FT



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: 6-12-19 Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Bryant L. White Date: 6-12-2019 OPERATION PERMIT by: Bryant L. White Date: 6-27-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6-12-19 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244305

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

PIN # 4760106579

APPLICANT/OWNER: DERRICK RUPERT APPLICANT ADDRESS: 188 TOWN SQUARE CIRCLE UNIT 204, MOORESVILLE, NC 28117

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SITE DIRECTIONS: (S) ON 21, (L) ON HOUSTON ROAD, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO REPAIR SAP CONT

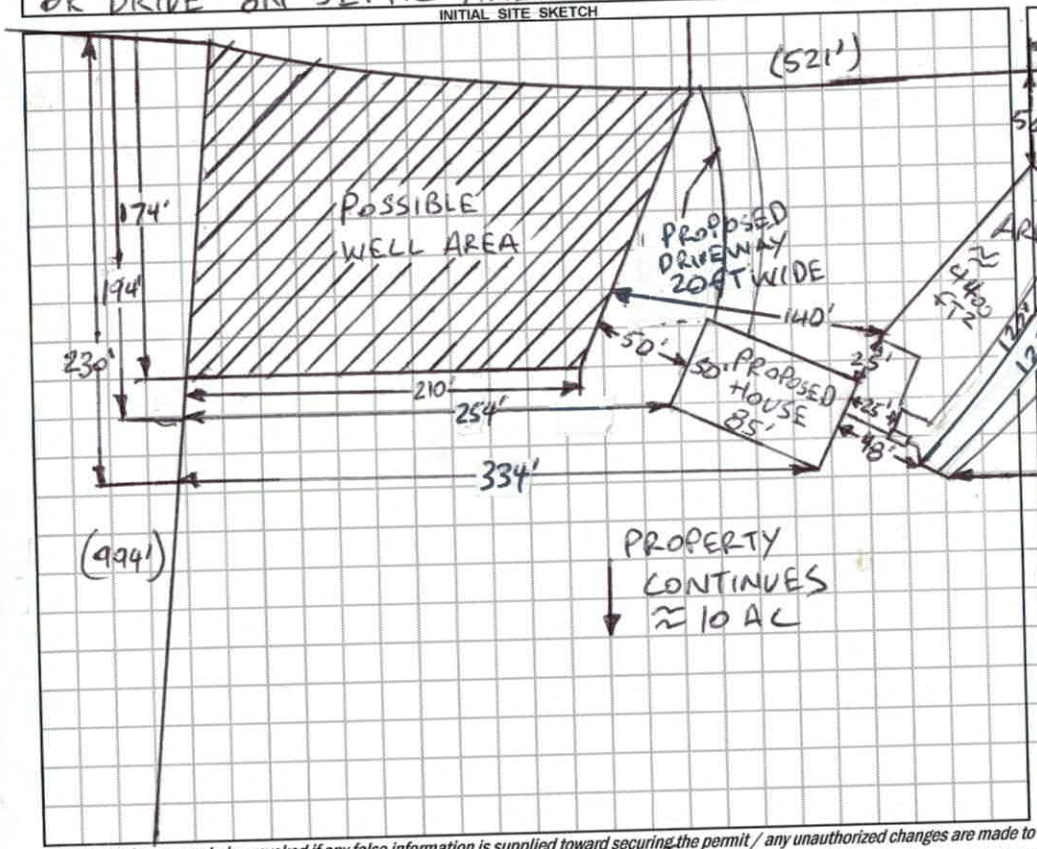
SUBDIVISION: - SECTION: - LOT # TRACT 3 LOT AREA: 10 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	25% REDUCTION			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1		# Lines	3	Linear Ft	366FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)	30 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/ plumbing	☐ Basement w/o plumbing		

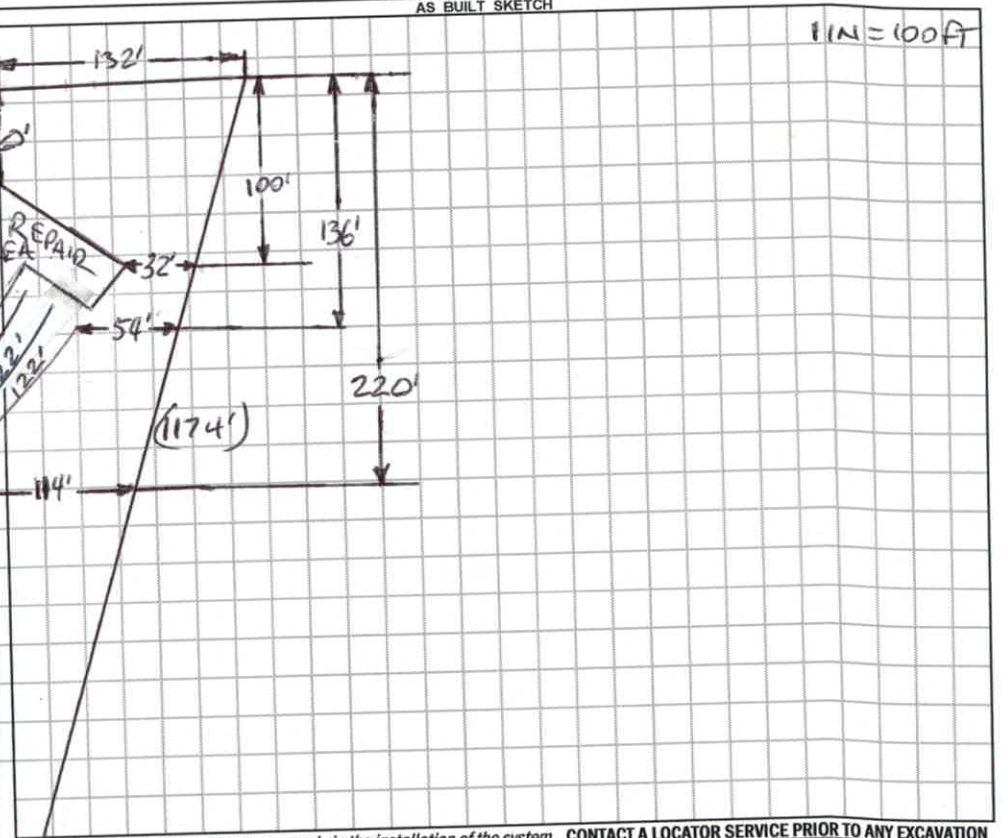
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INITIAL SITE SKETCH



AS BUILT SKETCH

1 IN = 100 FT



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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: [signature] Date: 6-12-19 Installed by: _____ Date: _____

IMPROVEMENT PERMIT by: [signature] Date: 6-12-2019 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Carla C Cave Date: 6-12-19 Existing System Inspected by: _____

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.

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 476010657
COUNTY: IREDELL

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

OWNER: CLINT+REBA GILLEY / DERRICK RUPERT — APPLICATION DATE 4-29-19
ADDRESS: 7229 NC HIGHWAY 88 WEST, WARRENSVILLE, NC, 28693 — DATE EVALUATED: 5-21-19
PROPOSED FACILITY: 3 BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 10 AC
LOCATION OF SITE: 356 HOUSTON ROAD, 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	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	LINEAR SIDE 7%	0-16	L, ABK	FI, S, P, SEXP	SAP INC THRU OUT	30"	PS II L	NA	PS .3
		16-30	CL, WABK	FI, SS, SP, SEXP					
		30-65	SAP, MAS	FR, NS, NP, SEXP					
2	LINEAR SIDE 7%	0-26	L, ABK	FI, S, P, SEXP	SAP INC THRU OUT	50"	PS II L	NA	PS .25
		26-50	CL, WABK	FI, SS, SP, SEXP					
		50-65	SAP, MAS	FR, NS, NP, SEXP					
3	LINEAR SIDE 7%	0-25	L, ABK	FI, S, P, SEXP	SAP INC THRU OUT	58"	PS II L	NA	PS .275
		25-58	CL, WABK	FI, SS, SP, SEXP					
		58-65	SAP, MAS	FR, NS, NP, SEXP					
4	LINEAR SIDE 7%	0-20	L, ABK	FI, S, P, SEXP	SAP INC THRU OUT	48"	PS II L	NA	.275
		20-48	CL, WABK	FI, SS, SP, SEXP					
		48-65	SAP, MAS	FR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.25	0.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
DS (Debris Slump)		L (Loam)				GR (Granular)
FP (Flood Plain)						SBK (Subangular Blocky)
FS (Foot Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		ABK (Angular Blocky)
H (Head Slope)		SiCL (Silty Clay Loam)				PL (Platy)
L (Linear Slope)		CL (Clay Loam)				PR (Prismatic)
N (Nose Slope)		SCL (Sandy Clay Loam)				
R (Ridge)		SiL (Silt Loam)			MOIST	WET
S (Shoulder Slope)					VFR (Very Friable)	NS (Non-sticky)
T (Terrace)	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)

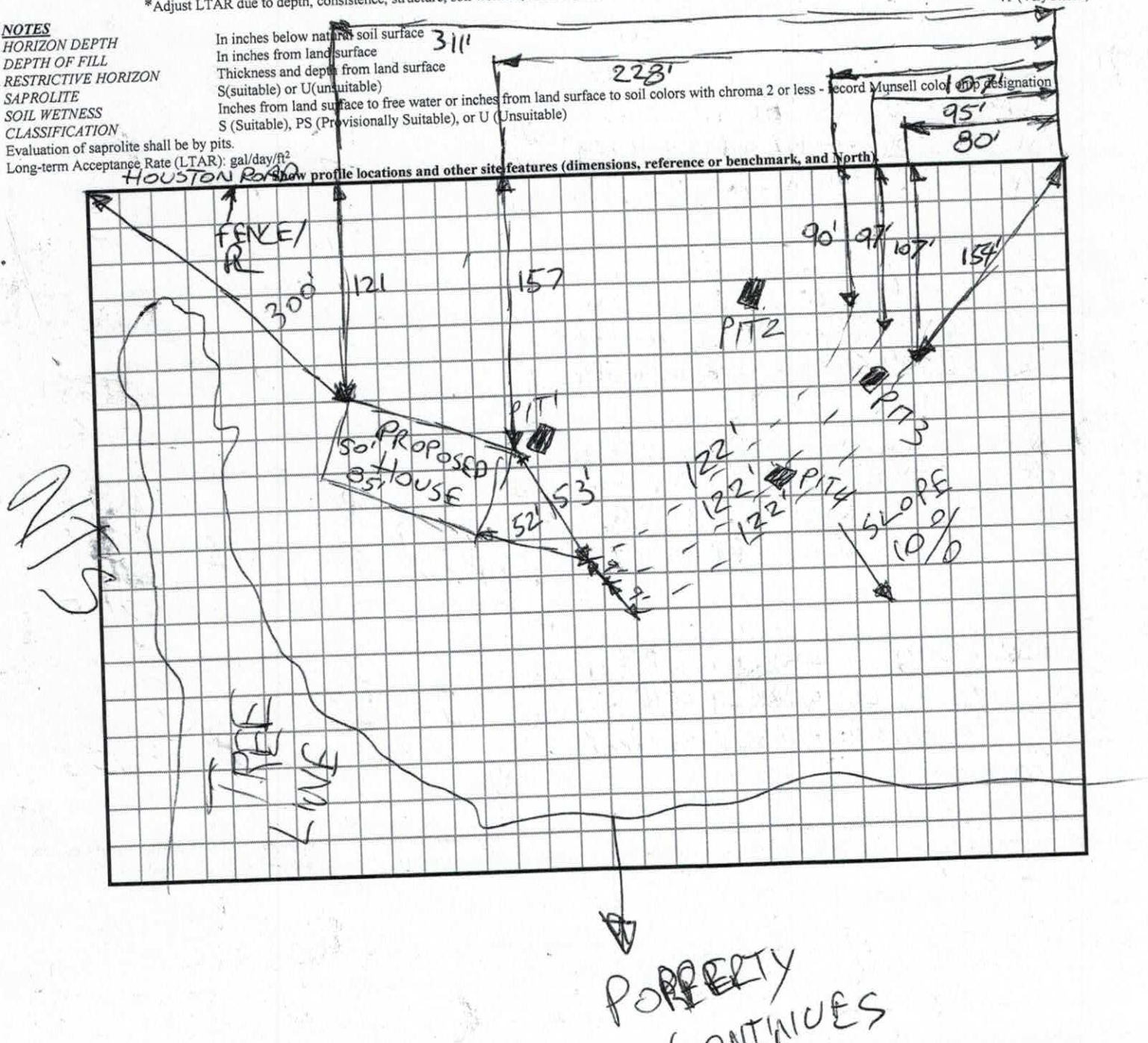
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



RECEIVED MAY - 3 2019

LEFT OFF LIST

126887

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM #244305 Paid $500.00

Application For: (X) 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: Derrick Ruppert Address: 188 Town Sq Circle Unit 204 Mooresville Zip: 28117
Applicant Email: rupps auto@gmail.com Phone: 609-468-8559 Alt. Phone: 609-477-7854
Owner Name: Clint & Reba Gilley Address: 7229 NC HWY 88 West Warrensville Zip: 28693
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 4760106579-000 856 Houston Rd Troutman NC.
Subdivision Name: none Section/Phase: _____ Lot Number: _____
Driving Directions: Houston rd Troutman North Carolina Shinnville Rd to Weathers Creek Rd Left on to Houston Rd.

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

(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: 3
Maximum Number of Occupants: _____
( ) 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

(X) 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: _____
(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: Clint E Gilley Reba R Gilley 4/29/2019
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*) Clint E Gilley Reba L. Gilley

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 Clint E Gilley Reba L. Gilley am the legal owner(s) of the property located at 856 Hoston Rd. Troutman, NC, identified as

PIN (Parcel Identification Number) 4760106579-000, located in Iredell County, North Carolina.

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

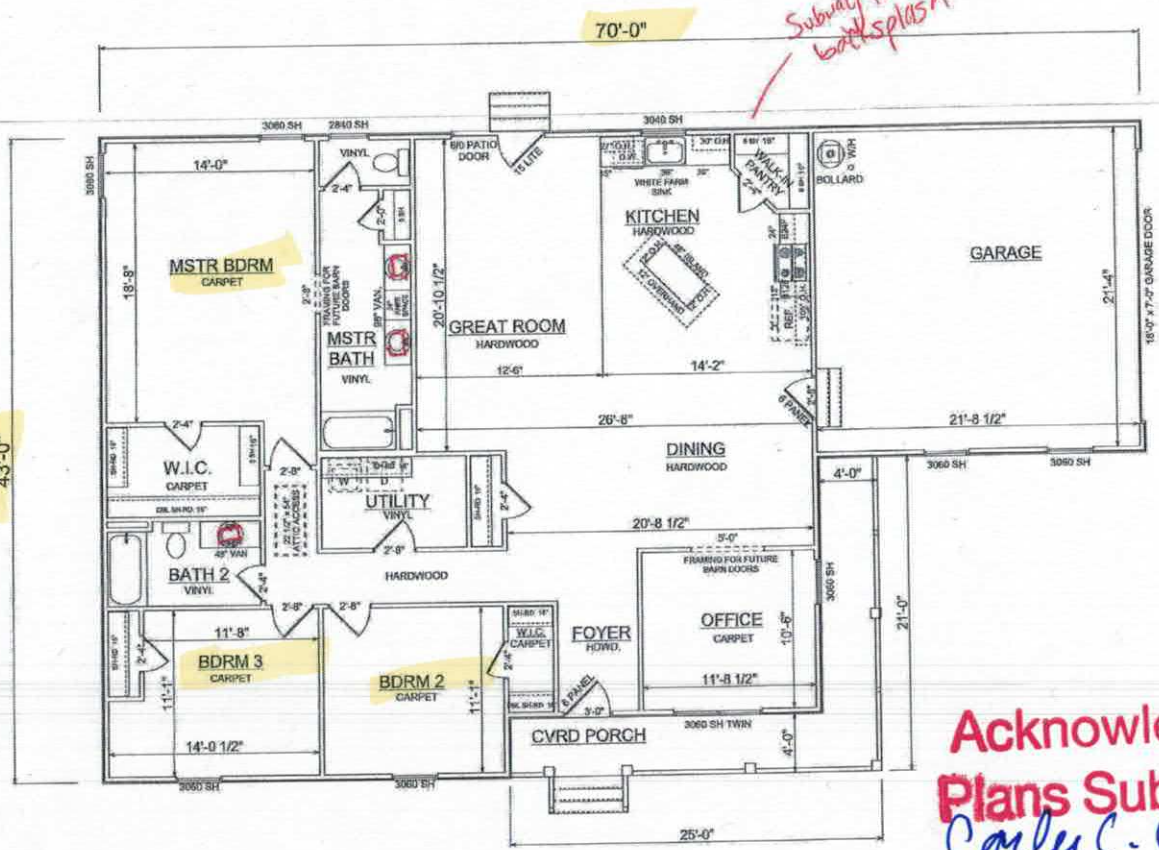
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Clint E Gilley Reba L. Gilley 4/19/2019
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

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TO REPORT COPYRIGHT VIOLATIONS CALL (770)720-1128
THE USE OF THIS FLOORPLAN FOR ANY OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERY AND ACTUAL COPYRIGHT INFRINGEMENT.



SPECIAL NOTES
- GARAGE DOOR (5128 OR 9100 SERIES)
- GUTTERS (PREMIUM COLOR)
- WHITE FARM SINK IN KITCHEN
- HARDWOOD FLOOR IN KITCHEN, GREATROOM, FOYER, AND HALLWAY

Acknowledgement Of Plans Submittal ONLY!
Carlee C. Cave Date 6-12-19
Date 6-12-19

PRELIMINARY DESIGN PLANS
FORMATTED FOR 11 x 17 PAPER

PRINT DATE: April 30, 2019

PROPERTY OF: AMERICA'S HOME PLACE, INC.
© COPYRIGHT 1999-2019
SOLD BY: JILL SCHOOLEY

THE BELL IV - D
FOR DERRICK RUPPERT
TRACT 3 HOUSTON ROAD TROUTMAN, NC 28166

AREAS:
FIRST FLOOR 1980 S.F.
FRONT PORCH 188 S.F.
OPT. GARAGE 484 S.F.
TOTAL UNDER ROOF 2652 S.F.

DATE: 04/29/19
REVISION:
JOB # 87119032
DRAWN BY: D.N.
SCALE: 1/8"=1'-0"
FIRST FLOOR PLAN
SHEET NO.: 3 OF 4
2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

IREDELL COUNTY

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

APPLICATION NUMBER
244305
Issue Date: 05/03/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4760106579.000	856 HOUSTON ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: GILLEY CLINT E+REBA R	Applicant: RUPPERT, DERRICK
Address: 462	Address: 856 HOUSTON RD
IREDELL CO, NC 28625	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.000	35.00	35.00	15.00	15.00	NOT	AE

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	175996	TOTAL FEES:	$ 79.50