IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220348

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

PIN # 4760122433

APPLICANT: Mike Volgerson/Valarie Figliozzi APPLICANT ADDRESS: 5 Cleveland Place Glencove, NY 11542

SITE ADDRESS: 114 Treetop Ln Troutman, NC PHONE: ALT. PHONE:

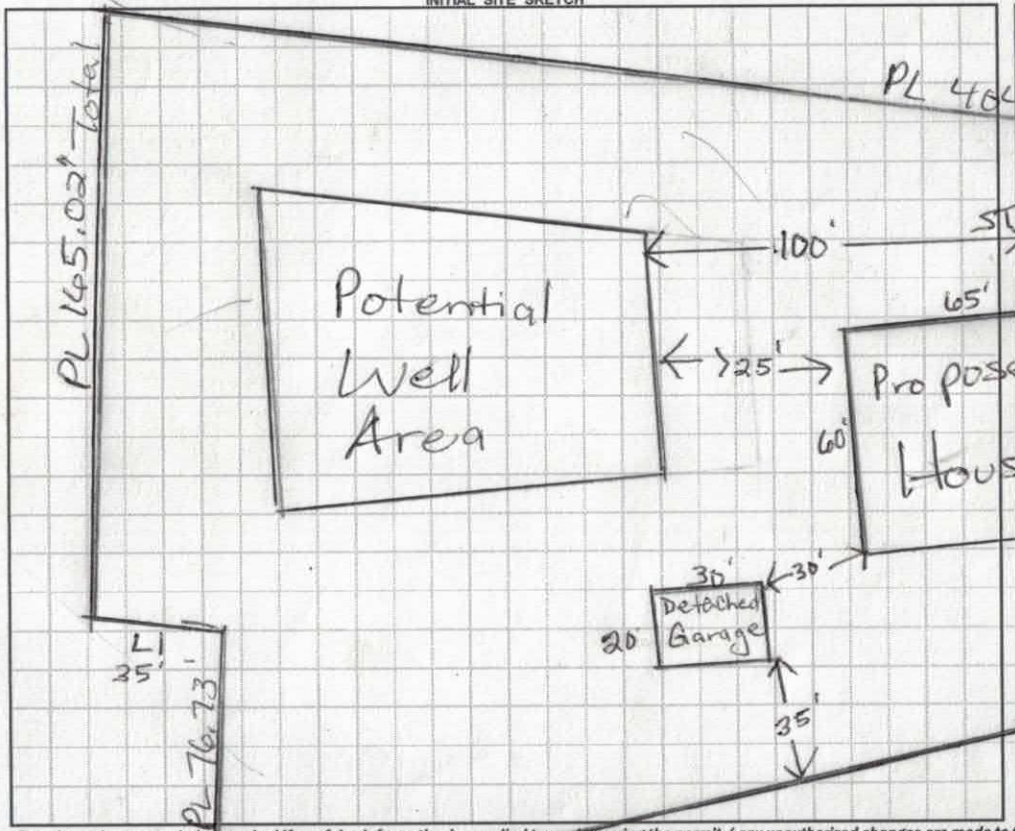
SITE DIRECTIONS: US21/Hwy 115 TR Ostwalt Amity Rd TR Weathers Creek Rd TR Treetop Ln on right.

SUBDIVISION: Oak Ridge SECTION: II LOT # 15 LOT AREA: 1.624 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

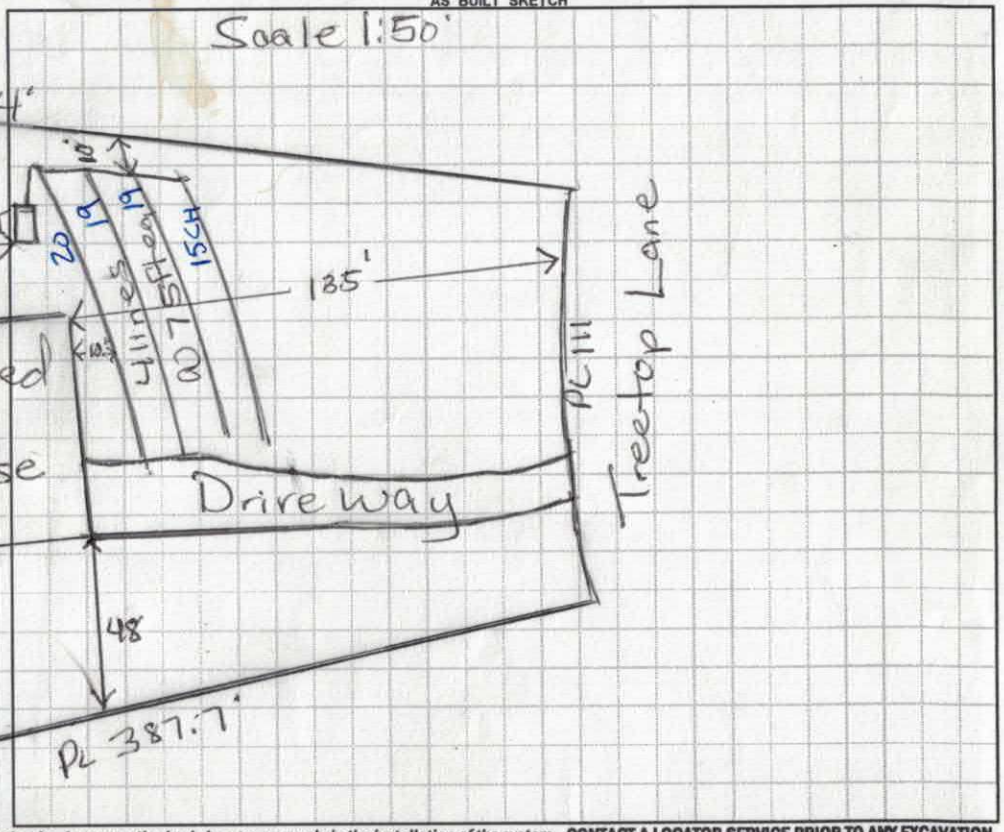
Septic Tank	1000 (gal)	STB	825	Date	11-2-16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction			[ ] Business	No. Persons 6	[X] Private
Pump Make		Model		Serial #		Repair System Description:	Same			[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	4@75'	Linear Ft:	300'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Divert ~~Septic~~ Stormwater/Surface Water away from Septic System.

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: Date: 9/9/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Volgerson RS Date: 9/8/16 OPERATION PERMIT by: JAG Date: 1-5-17

AUTHORIZATION TO CONSTRUCT by: Maria Volgerson RS Date: 9/8/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Freder

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Volgerson
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 8/23/16
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE:
LOCATION OF SITE: Oak Ridge Lot #15
PROPERTY RECORDED:
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	6%	0-4"	Rd/Brw	SCl GR, FR	SS, SP, SE, FR				PS .3
		4-27	Rd/Br	C/Cl m-wSBK					
		27-42"	Rd Cl	w/few to many SAP Indus.					
		42-48"	LSAP	massive					
2	4%	0-3"	Rd/Brw	Scl GR, FR	SS, SP, SE, FR				PS .3
		3-30"	Rd/Brn	C/Cl m-wSBK					
		30-44	Rd/Brw	Cl, wSBK w/few to many SAP Indus.					
		44"-48	LSAP	massive					
3	4%	0-4"	Rd/Brw	SCl GR, FR	SS, SP, SE, FR				PS .3
		4-16"	Rd/Brw	C/Cl m/wSBK w/few to many SAP Indus					
		16-48	LSAP	massive					
4	4%	0-8"	Brw	SCl, wSBK	SS, SP, SE, FR				PS .25-.3
		8-18"	Rd/Brw	m-wSBK w/yellow/brw mottles					
		18-43"	Rd/Brw	C/Cl m-wSBK w/few to many SAP Indus					
		43-48"	LSAP	massive					

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

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

COMMENTS:

Tues 8/23/16 @9:30

RECEIVED JUL 15 2016

Paid $500.00

Please CALL prior to inspection
Name: Kerry Miller
Number: 704-906-7105

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

ENTERED IN EDDIE M.

220348

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Mike Volgenson Address: _____ Phone: _____

Owner Name: Valarie Figliozzi Address: 5 Cleveland Pl. Glencoe NY Phone: 516-671-1299

Property Information:

Street Address: 114 Treetop Lane Troutman, NC

Subdivision Name: Weathers Crest Section/Phase: _____ Lot Number: 15

Driving Directions: From Ostwalt Amity Rd Turn Right onto Weathers Creek Road then Right onto Treetop Lane

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) 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: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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: Michael F Volgenson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-15-16
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Valgrie Figliozzi, am the legal owner of the property located at 114 Treetop Lane, Troutman, NC, identified as PIN(Parcel Identification Number) 4761-02-2433.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Volgerson, Patricia Volgerson, Kerry Miller, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Valgrie — Signature of Owner — Date 7/7/16

Signature of Witness — Date 7/7/16

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

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3463
349 N. Center Street, Statesville, NC 28677

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IREDELL COUNTY HEALTH DEPARTMENT

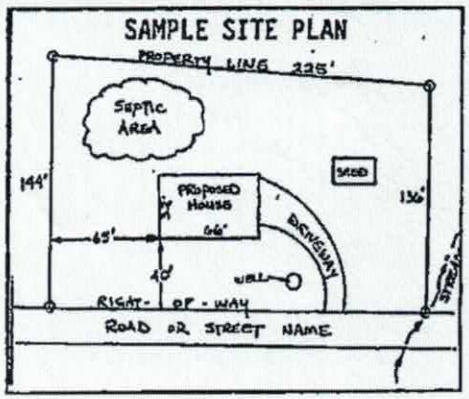
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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

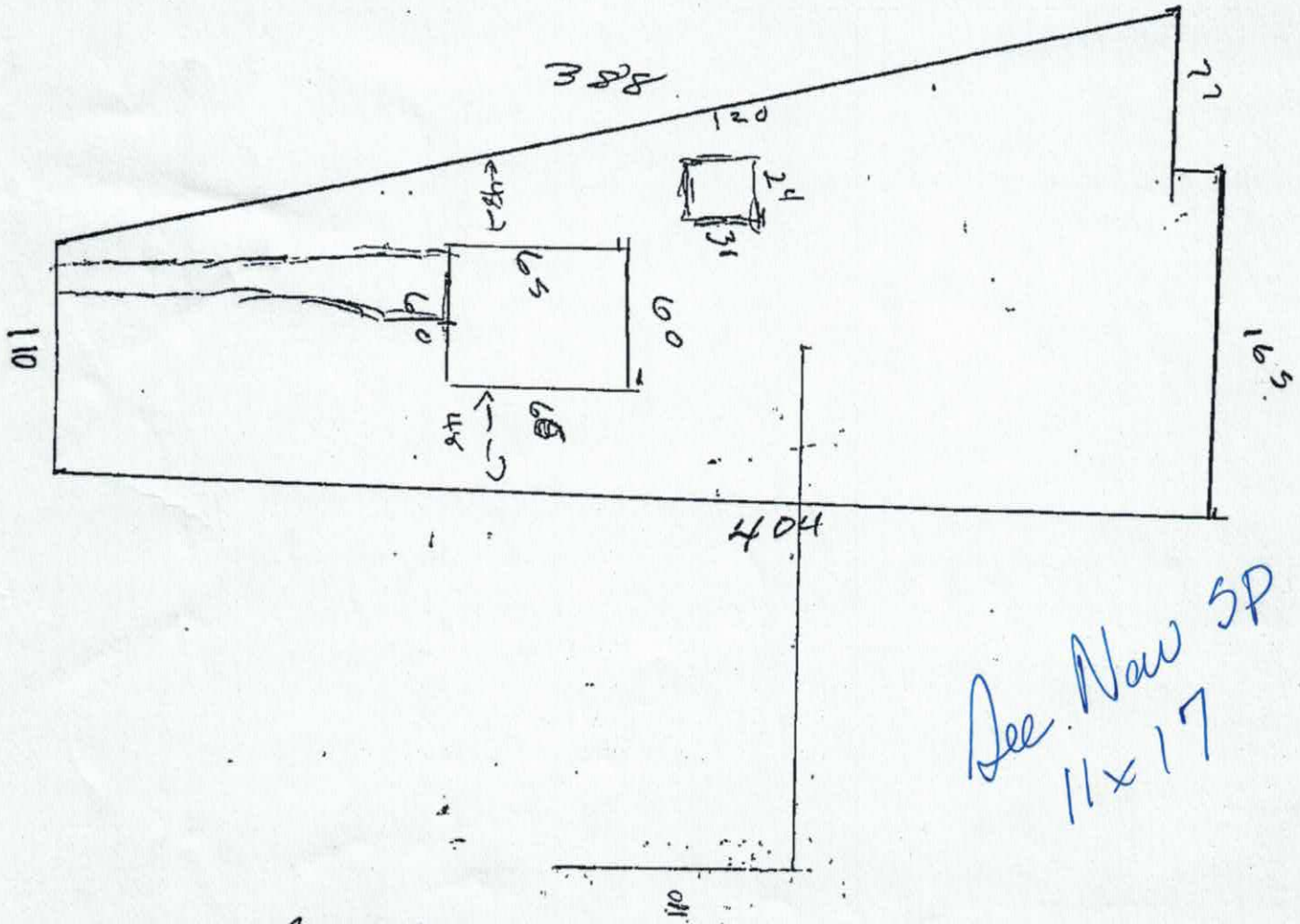


Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



See New SP 11x17

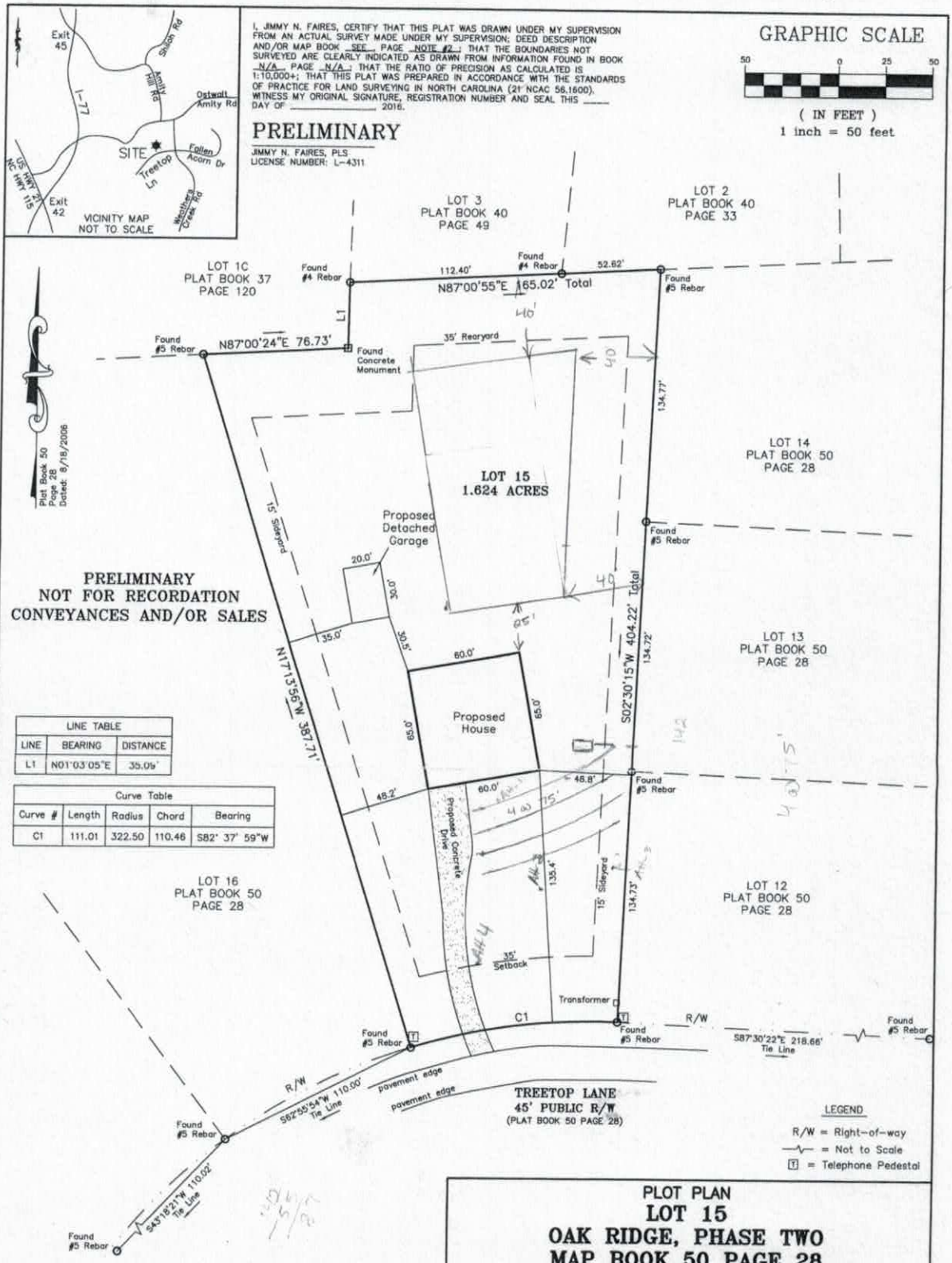
Signature: Richard F Volpe

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

7-15-16

DATE

141 Treetop Ln



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N01°03'05"E	35.09'

Curve Table				
Curve #	Length	Radius	Chord	Bearing
C1	111.01	322.50	110.46	S82° 37' 59"W

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS SURVEY IS BASED ON PLAT BOOK 50 PAGE 28 AND DEED BOOK 1811 PAGE 254 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) NO NCGS OR USGS MONUMENTS LOCATED WITHIN 2000' OF SUBJECT PARCEL.
5) BASIS OF BEARINGS: PLAT BOOK 50 PAGE 28 - DATED: AUGUST 18, 2006.
6) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
7) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
8) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710476000K, WITH AN EFFECTIVE DATE OF JUNE 16, 2009.
9) ALL LOTS HAVE 10' DRAINAGE & UTILITY EASEMENTS ALONG ALL LOT LINES.

PLOT PLAN
LOT 15
OAK RIDGE, PHASE TWO
MAP BOOK 50 PAGE 28

114 TREETOP LANE
CHAMBERSBURG TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

Prepared For:	Owner:
KERRY MILLER 169 WOOD DUCK LOOP MOORESVILLE, NC 28117	DONALD M. & VALARIE A. FIGLIOZZI 5 CLEVELAND PLACE GLEN COVE, NY 11542

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
237 DRY DOCK LOOP, MOORESVILLE, NC 28117
PHONE: 704-664-1994 EMAIL: JIMMY.FAIRES@GEOMATICCONCEPTS.COM

Drawn By: GHL	Checked By: JNF	Scale	Project No.
Tax Parcel ID: 4761-02-2433		1" = 50'	16060
Date: AUGUST 1, 2016			Sheet No.
File: 16060-Lot-15-Oak-Ridge-Plot-Plan-Rev1.dwg			1 of 1

EXTERIOR INSULATED
HEADER DETAIL
1" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Rachael Pilgrim Date 7-15-16

Marion Tolson Date 9/8/14

IREDELL COUNTY

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

APPLICATION NUMBER
220348
Issue Date: 07/15/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761022433.000	114 TREETOP LANE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FIGLIOZZI DONALD M+VALARIE A	Applicant: FIGLIOZZI DONALD M+VAL
Address: 5 CLEVELAND PLACE TROUTMAN, NY 11542	Address: 5 CLEVELAND PLACE GLEN COVE, NY 11542
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.624	35.00	35.00	15.00	15.00	NOT	X

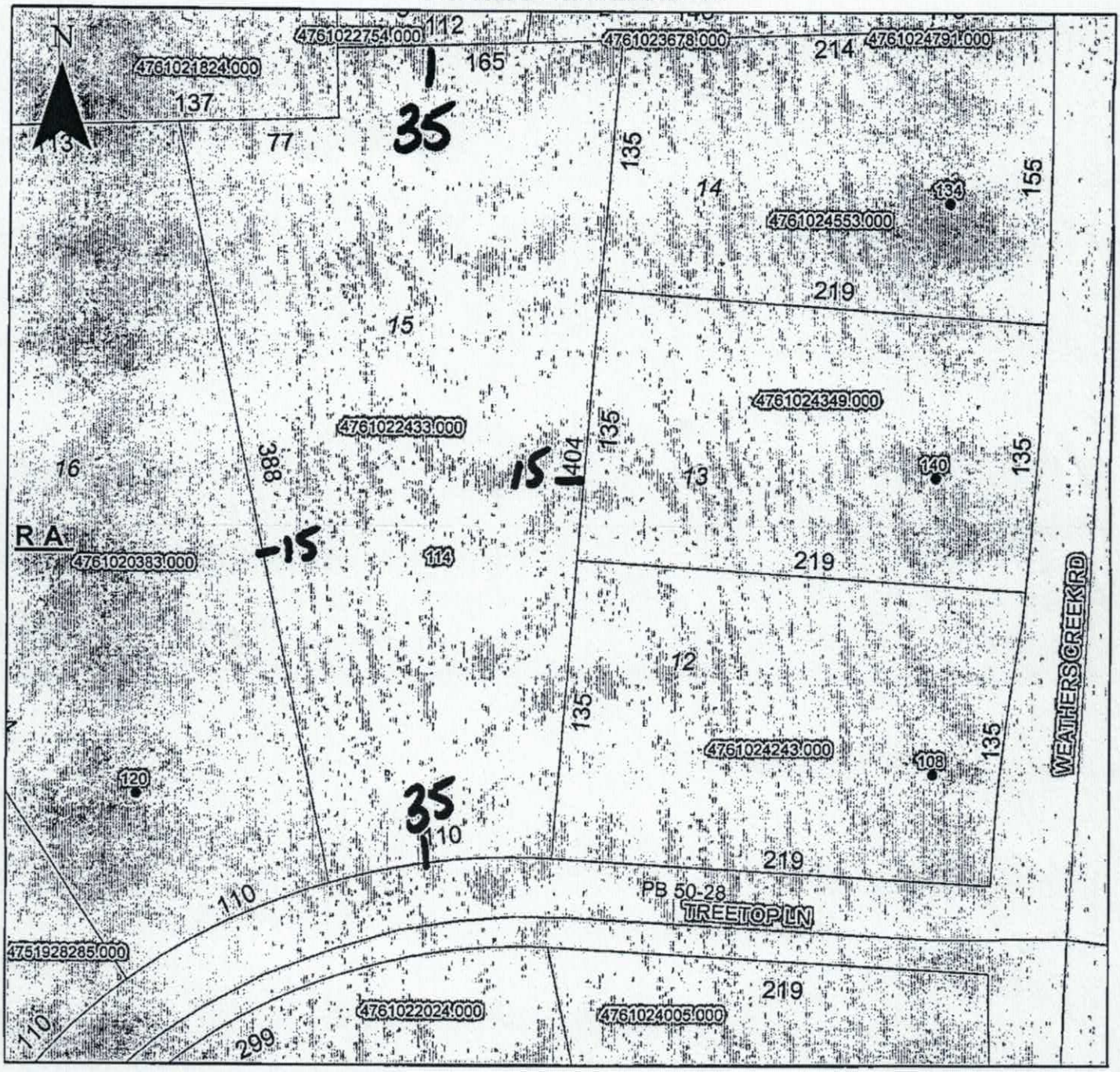
Remarks:

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	74558	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 114 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.

Richard F Ogeen
Applicant

7-15-16
Date