(11)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321060

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

PIN # 4761 -- 11 -- 1812

APPLICANT/OWNER: Mike Faulkenberry | APPLICANT ADDRESS: 15 Frowein Rd G-2 Center Moriches, NY 11934

SITE ADDRESS: 122 Fallen Acorn Dr Troutman NC 28166 | PHONE: 980-722-7370 | ALT. PHONE

SITE DIRECTIONS: Dgwatt Amity Rd TR Weathers Creek TL Fallen Acorn on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Oak Ridge | SECTION: | LOT # 27 | LOT AREA: 3.28 Ac. | DESIGN FLOW: 360 gpd | L.T.A.R.: .275

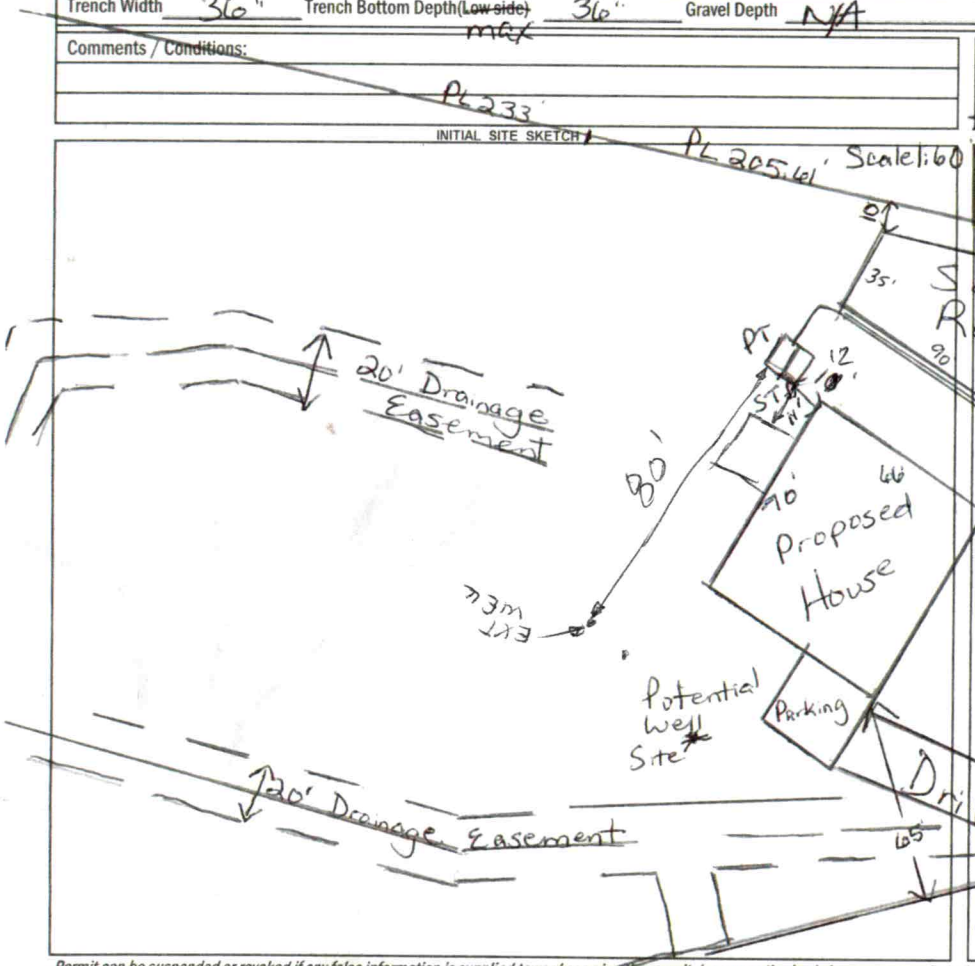
Septic Tank	1000 (gal)	STB	760	Date	3-14-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	4-4-2022	System Description:	Pump-PM-25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	Drip Dispersal	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	335'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side) max	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

Note: No cut 2ft or greater within 15Ft of Septic System.

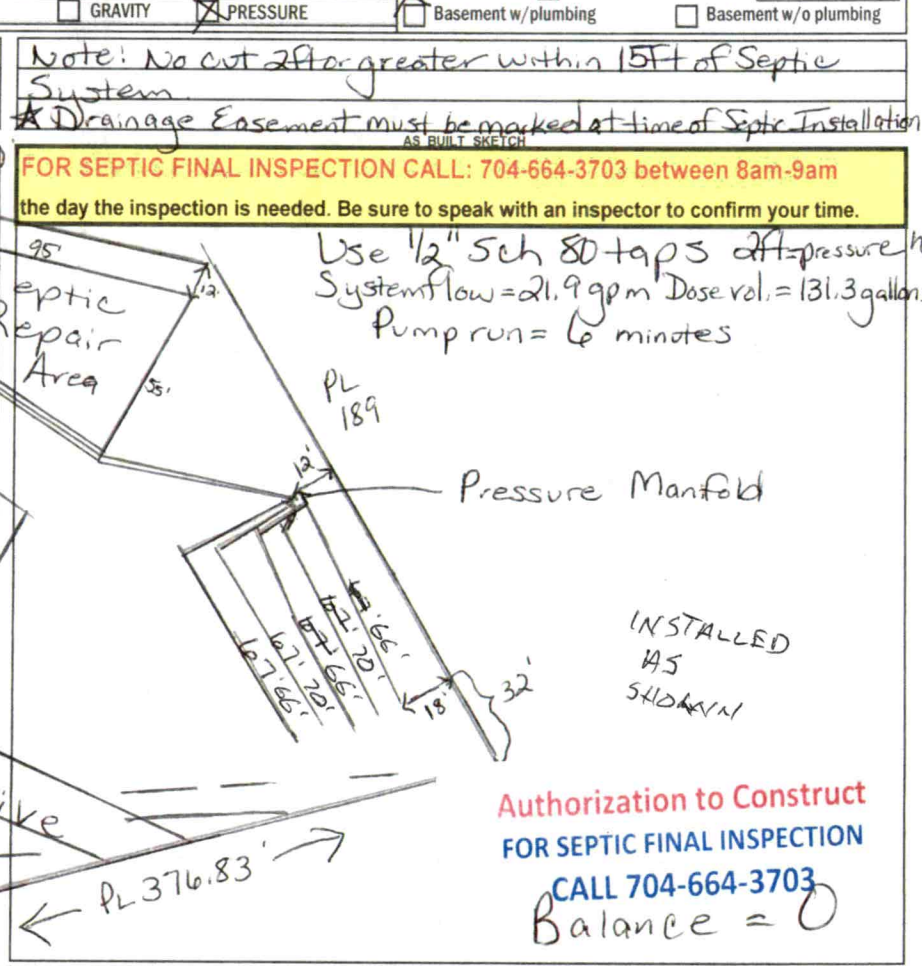
★ Drainage Easement must be marked at time of Septic Installation.

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.



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: 1-4-22 Installed by: GUNTER GRADING

IMPROVEMENT PERMIT by: Maria Dotson Date: 1/3/22 OPERATION PERMIT by: [signature] Date: 5/27/2022

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/4/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	5-12-2022	BCW
Tanks Checked	5-12-2022	BCW
Pressure Manifold or Valve Box Checked	5-12-2022	BCW
Pressure Head Set	5/27/2022	BB
Electrical Checked	5/26/22	CW
Floats Set	5/12	BP
Alarm Checked	5/12	BP
Maintenance Contract Needed? Y (N)	5-12-2022	BCW
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

58-147 mtg Cedar Dr.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321060

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

PIN # 4761 -- 11 -- 1812

APPLICANT/OWNER: Mike Faulkenberry | APPLICANT ADDRESS: 15 Frowein Rd G-2 Center Mariches, NY 11934

SITE ADDRESS: 122 Fallen Acorn Dr. Troutman NC 28166 | PHONE: 980-722 7370 | ALT. PHONE

SITE DIRECTIONS: Dswaft Amity Rd TR Weathers Creek TL Fallen Acorn on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Oak Ridge | SECTION: | LOT # 27 | LOT AREA: 3.28 Ac. | DESIGN FLOW: 360 gpd | L.T.A.R.: .275

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:	Pump-PM-25% Reduction			☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	Drip Dispersal			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5	Linear Ft 335'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

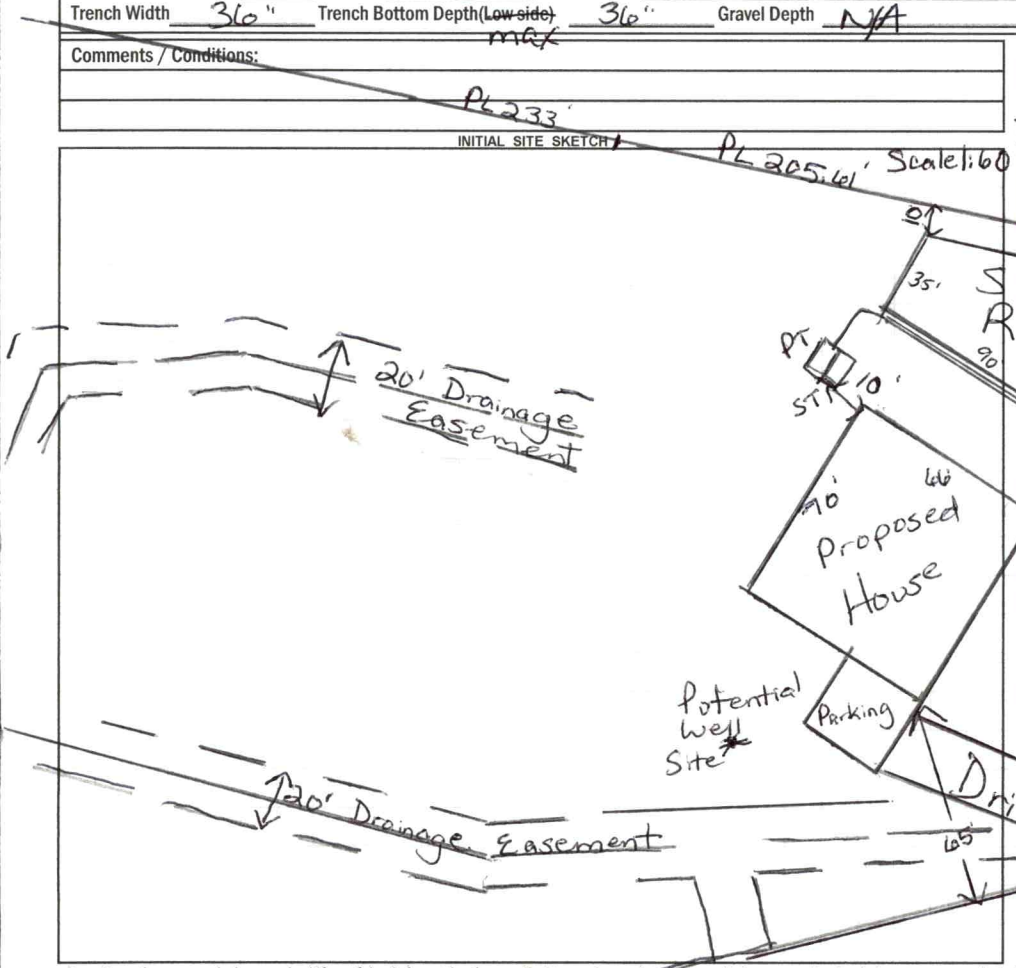
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Note: No cut 2ft or greater within 15ft of Septic System.

~~Drainage Easement must be marked at time of Septic Installation.~~

INITIAL SITE SKETCH



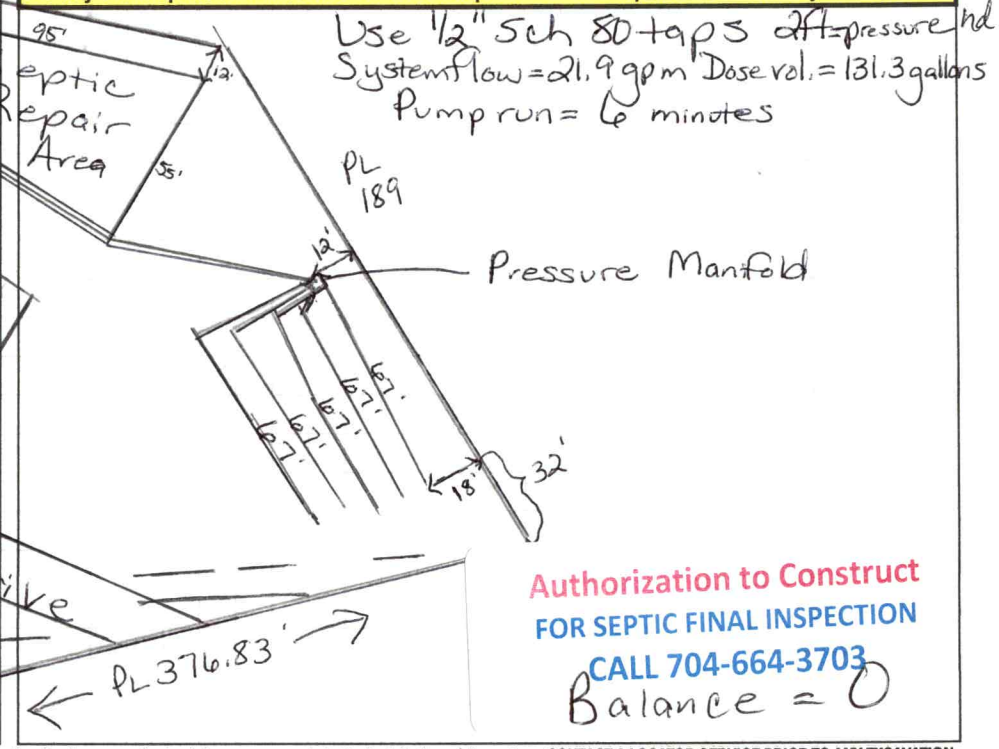
AS BUILT SKETCH

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.

Use 1/2" Sch 80 taps 2ft=pressure hd

System flow = 21.9 gpm Dose vol. = 131.3 gallons

Pump run = 6 minutes



Authorization to Construct

FOR SEPTIC FINAL INSPECTION

CALL 704-664-3703

Balance = 0

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: 1-4-22 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 1/3/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/4/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED NOV 1 7 2021

MD

limited

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-321060 $105.00

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: Mike Faulkenberry **Address:** 15 Frowein Rd G-2 Center Moriches NY **Zip:** 11934

Applicant Email: wmf2087@windstream.net **Phone:** 980-722-7370 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 122 Fallen Acorn Dr. Troutman, NC 28166

Subdivision Name: Oak Ridge **Section/Phase:** _____ **Lot Number:** 27

Driving Directions: Oswalt Amity Rd E TR Weathers Creek TL Fallen Acorn on right

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (✓) 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 ( ) 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.

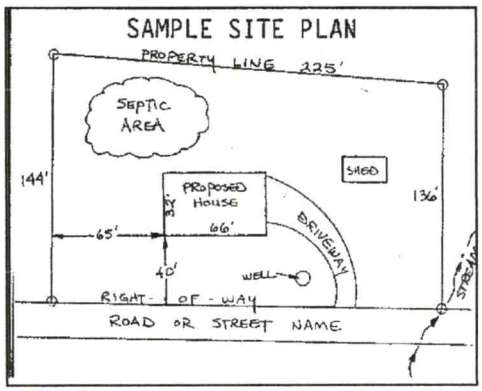
Signature: _____ 11-11-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

please see attached site plan.

*changes to original design

1- moved driveway to left side of house

2- made house box 11' deeper.

Signature: _____

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

11-11-21

DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, JEFFREY HUEMMER, am the legal owner(s) of the property located at 122 Fallen Acorn Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4761-11-1812, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) William M. Faulkenberry / Windstone Crossing, 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

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.

_____ 11/15/21
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

POWR
331.41'
S 88°13'32"W
154.66'
PHASE ONE
PG. 17
8
Approved
1/3/22
438.50' TOTAL
233.88'
B1 - 67' - 3.3'
O2 - 67' - 3.6'
W3 - 67' - 3.8'
P4 - 67' - 4.7'
Y5 - 67' - 5.0'
N 46°43'06"W
205.61'
DRAINAGE
E
20' DRAINAGE EASEMENT
10' EACH SIDE OF DRAINAGE
3.2877
ACRES
27
S 06°24'22"E
404.37'
Pit 4
Pit 5
8.5'
Repair
Area
Pit 3
70'
Proposed
House
100'
well
Parking
65'
SETBACK
S 02°10'36"E
PM
Pit 1
AB 2
AB 1
Pit 2
C-22
C-31
C1
24.1
CMP
268.16'
376.83' TOTAL
45' R/W (PUBLIC)
63.57'
106.01'
S 70°56'19"E
DRIVE
BM
2.6'
N
Scale
1"=60'