# IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 218892

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

PIN # 4629-53-8511 ✓

APPLICANT/OWNER: Sarah Deal — APPLICANT ADDRESS: 169 April Rd. Troutman, NC

SITE ADDRESS: ✓169 April Rd. Troutman, NC 28166 — PHONE: — ALT. PHONE Kathleen Saunders 704-598-4951

SITE DIRECTIONS: State Park Rd → L on Morrison Farm → R on April Rd → site on left — SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ✓Hawks Bay — SECTION: — LOT # 37 — LOT AREA: 1.446 acres — DESIGN FLOW: 600 GPD — L.T.A.R.: 0.350

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1250 (min) (gal) | STB | 1014 | Date | 6-20-18 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI |
| Pump Tank | 1250 (min) (gal) | PT | 46 | Date | 8-10-18 | System Description: | 25% Reduction (Pressure Manifold) |
| Pump Make | Zoeller | Model | N 140 | Serial # | | Repair System Description: | 50% Reduction |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 430' | Maintenance Agreement Required: | ☐ YES ☒ NO |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 24" | Gravel Depth | — | | ☐ GRAVITY ☒ PRESSURE |

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms 5 — No. Persons 10 — No. Employees —

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend that the septic tank be pumped every 3-5 years.

10/22/18 21 Chambers per line. Checked tanks, lines & set pressure

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA

Dated: 1-3-2018

Revised: 1-26-2018

Kathleen Saunders LSS # 1313

AS BUILT SKETCH

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 10/22/18 | MD |
| Tanks Checked | 10/22/18 | MD |
| Pressure Manifold or Valve Box Checked | 10/22/18 | MD |
| Pressure Head Set | 10/22/18 | MD |
| Electrical Checked | 12/3/18 | CC |
| Floats Set | 10/22/18 | MD |
| Alarm Checked | 12/3/18 | CC |
| Maintenance Contract Y / (N) | not required | |

*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: 1-31-18 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/31/2018 OPERATION PERMIT by: Carla C. Cave Date: 12/6/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/31/2018 Existing System Inspected by: Date:

| LINE | BEARING |
|---|---|
| L1 | S69°57'17"W |
| L2 | N00°09'31"E |
| L3 | S43°56'56"W |
| L4 | S49°11'23"W |
| L5 | S88°38'27"W |

| CURVE | RADIUS | ARC | CHORD BE |
|---|---|---|---|
| C1 | 275.01' | 104.66' | N74°27'5 |
| C2 | 225.00' | 23.03' | N66°36'3 |

PLOT PLAN
**LOT 37, HAWKES BAY**
**PLAT BOOK 34 PAGE 56**

SURVEYOR NOTES

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 169 April Rd

Date: January 3, 2018

Attached is the septic specification information required to permit 169 April Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



# Hawks Bay 37 Fast Track Septic Spec Sheet

| | |
|---|---|
| **Number of Bedrooms** | **5** |
| **Basement or Crawl** | **Basement with Plumbing** |
| **Design Flow (gpd)** | **600** |
| **Primary System LTAR (gpd/ft2)** | **0.35** |
| **Primary System Type** | **25% Reduction** |
| No. Lines | 5 (See Table) |
| Total Linear Feet | 430 |
| Trench Width | 3' min. |
| Trench Spacing | 9' min. |
| Max Trench Depth | 24" |
| Pump Required | Yes |
| Distribution Device | Pressure Manifold |
| Maintenance Agreement Required | No |
| Length and Diameter of Supply Pipe | 215' of 2" SCH 40 PVC |
| Flow Rate through the system | 27.5 gpm |
| Elevation head | Approx. 32.7' |
| Pressure head | 2.0' |
| Friction head | 3.8' |
| 20% Contingency | 7.7' |
| Total Head | 46.2' |
| Pump Requirements | 27.5 gpm @ 46.2' of head<br>To be designed by installer. |
| **Maximum** Dosing Volume | 300 gal -2.0 doses/day @ design flow |
| Volume of water pumped per dose | Calculated to specific tank by measure or dealer engineering specifications ( 1 cubic ft. of water equals 7.48 gal.) |
| Pump Run per dose | 10.9 |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 310 |
| Repair Loading Rate | 0.35 |

Approved
1/31/2018

## Table: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Elevation (Ft.) |
|---|---|---|---|---|---|
| 1 | Repair | Pink | LP PPBPS | 80 | 4.16 |
| 2 | System | Orange | 25% Reduction | 87 endfed | 5.83 |
| 3 | System | Blue | 25% Reduction | 85 endfed | 7.31 |
| 4 | System | Red | 25% Reduction | 87 endfed | 8.89 |
| 5 | System | Pink | 25% Reduction | 85 endfed | 10.7 |
| 6 | System | Orange | 25% Reduction | 86 endfed | 12.68 |
| 7 | Repair | Red | LP PPBPS | 80 | 15.15 |
| 8 | Repair | Orange | LP PPBPS | 80 | 17.52 |
| 9 | Repair | Pink | LP PPBPS | 35 | 19.78 |
| 10 | Repair | Red | LP PPBPS | 35 | 23.48 |
| | | | | Total System: 430' | |
| | | | | Total Repair: 310' | |

| | | | |
|---|---|---|---|
| Tank | Red | 1500 gal (2 compartment) | |
| Pump Tank | Red | 1500 | 30.90 |
| House | blue | | 18.10 |

| Manifold Information | |
|---|---|
| Tap Size (In.) | 1/2 |
| Tap Material | SCH 80 PVC |
| No. Taps | 5 |
| Barrel Size (In.) | 4 |
| Barrel Material | SCH 80 PVC |
| Flow (gpm)/Tap | 5.5 |

**Note:** **All rod readings should be verified by installer prior to installation**
**Tank Locations and distribution devices may be altered at the discretion of the ICHD**

Approved
1/31/2018

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Sarah & Wesley Deal
ADDRESS: 169 Adri Rd Troutman
PROPOSED FACILITY: STR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: Hawks Bay #37
APPLICATION DATE
DATE EVALUATED: 12/2017
PROPERTY SIZE: 1.446
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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| A | New<br>L<br>16% | 0-12<br>12-24<br>24-72 | Mo SBK CL<br>WK SBK CL<br>MA L Sap | FR SS/SP<br>↓<br>↓ | R; F Sap<br>R; C Sap<br>Mulh | 24" | PS | N/A | 0.4 |
| B | New<br>L<br>13% | 0-24<br>24-60 | WK SBK CL<br>MA L Sap | FR SS/SP<br>↓ | R; C Sap<br>Mulh | 24" | PS | N/A | 0.35 |
| 1 | Existing<br>L<br>24% | 0-10<br>10-65 | WK SBK CL<br>MA L Sap | FR SS/SP<br>↓ | R; C Sap<br>Br/Mulh | 10" | PS | N/A | 0.35 |
| 2 | Existing<br>L<br>30% | 0-10<br>10-20<br>20-65 | Mo SBK C/C<br>WK SBK CL<br>MA SL. Sap | FR SS/SP<br>↓<br>FR NS/NP | R; F Sap<br>R; C Sap<br>Mulh | 20" | PS | N/A | 0.5<br>w/ 36"<br>TB |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIb | IV |
| Site LTAR | 0.35 | 0.35 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: Tom Shuck 1/19/2018 BS

COMMENTS:

RECEIVED JAN 9 - 2018

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

**APPLICATION FORM** Comprehensive Relayout $850.00

**Application For:** (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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** #218892

**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:** Sarah Deal **Address:** 169 April Rd Troutman **Zip:** 28166
**Applicant Email:** KathleenMSaunders@gmail.com **Phone:** 704-578-4951 **Alt. Phone:** _____
**Owner Name:** Same **Address:** _____ **Zip:** _____
**Owner Email:** _____ **Phone:** _____ **Alt. Phone:** _____

**********

**Property Information:**

**Street Address:** 169 April Rd Troutman 28166
**Subdivision Name:** Hawks Bay **Section/Phase:** _____ **Lot Number:** 37
**Driving Directions:** Perth, State Park Rd, Morrison Farm, R April Rd, on L

**********

**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:** 5
**Maximum Number of Occupants:** 10
(X) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 ( ) 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:** Kathleen Saunders 1-5-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Sarah Deal, am the legal owner of the property located at 169 April Rd Troutman, NC, identified as PIN(Parcel Identification Number) 4629 53 8511, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, 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.

Sarah Deal — 12/12/17

Signature of Owner — Date

_____ — _____

Signature of Witness — Date

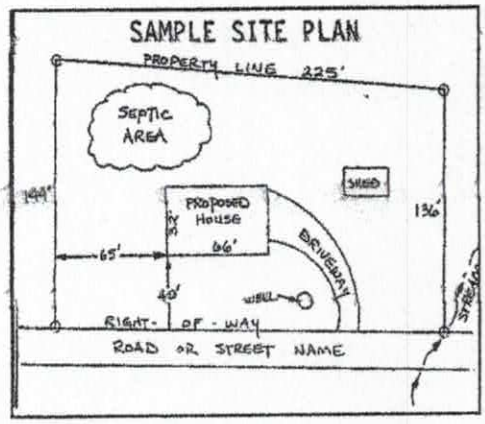
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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***

Please see Attached

**Signature:** Kathleen Saunders
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

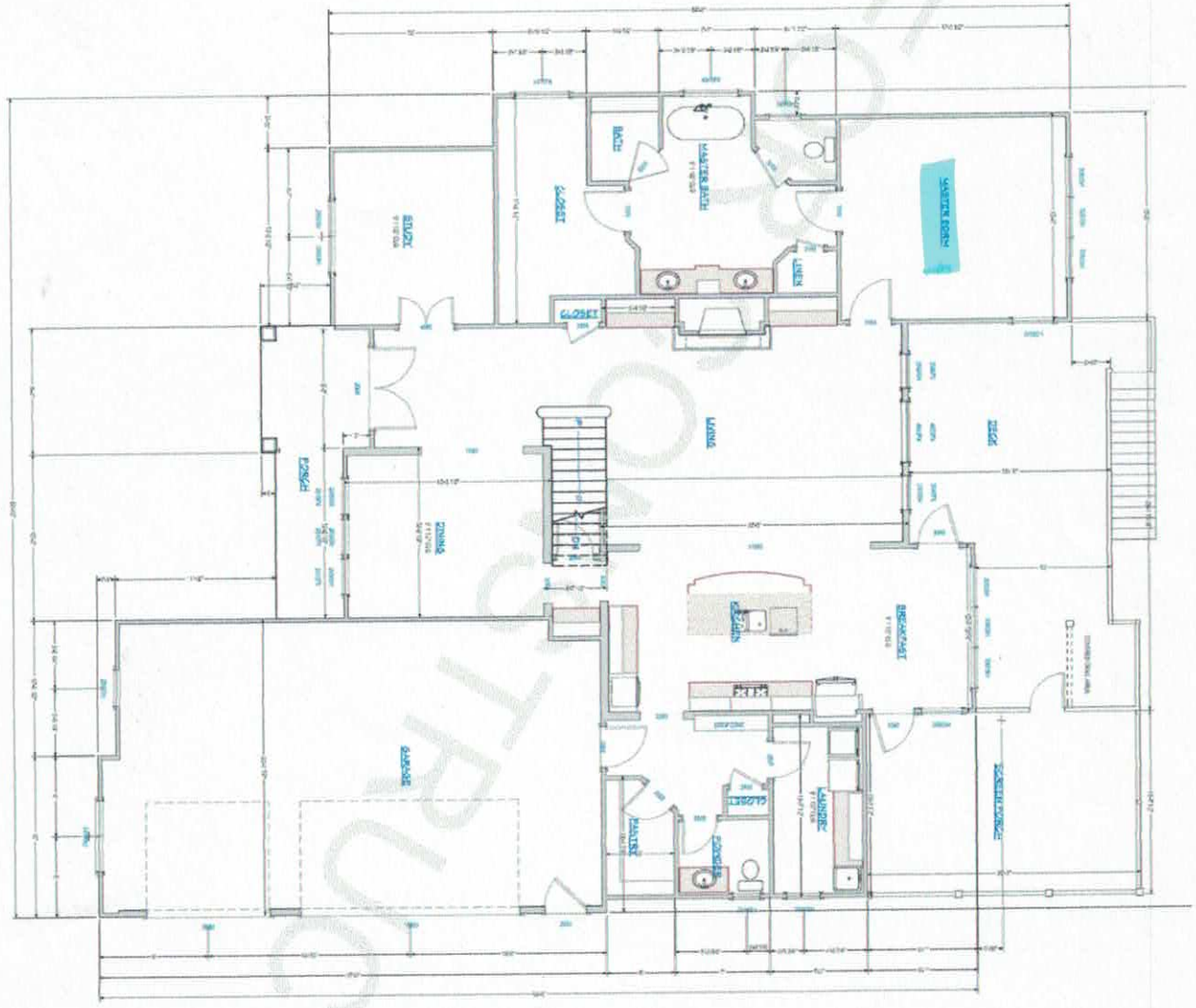
1-5-18
**DATE**

| SQUARE FOOTAGE | |
|---|---|
| 1ST FLOOR HEATED | 2142 |
| 2ND FLOOR HEATED | 550 |
| TOTAL HEATED | 2742 |
| UNFINISHED BSMT | 2352 |
| GARAGES | 710 |
| PORCHES | 414 |
| TOTAL UNDER ROOF | 6218 |

Acknowledgement of Plans Submittal ONLY!

Date 1/26/18

Date 1/26/18




60

65

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NOT FOR CONSTRUCTION

| SHEET: | SCALE: | DATE: | BUILD4G.com PO BOX 60 TROUTMAN NC 28166 704-865-7578 | PROJECT DESCRIPTION: Deal Residence | Copyright © 4G Design Build | NO. | DESCRIPTION | BY | DATE | BID |
|---|---|---|---|---|---|---|---|---|---|---|
| A-6 | | 11/14/2017 | | | | | | | | |

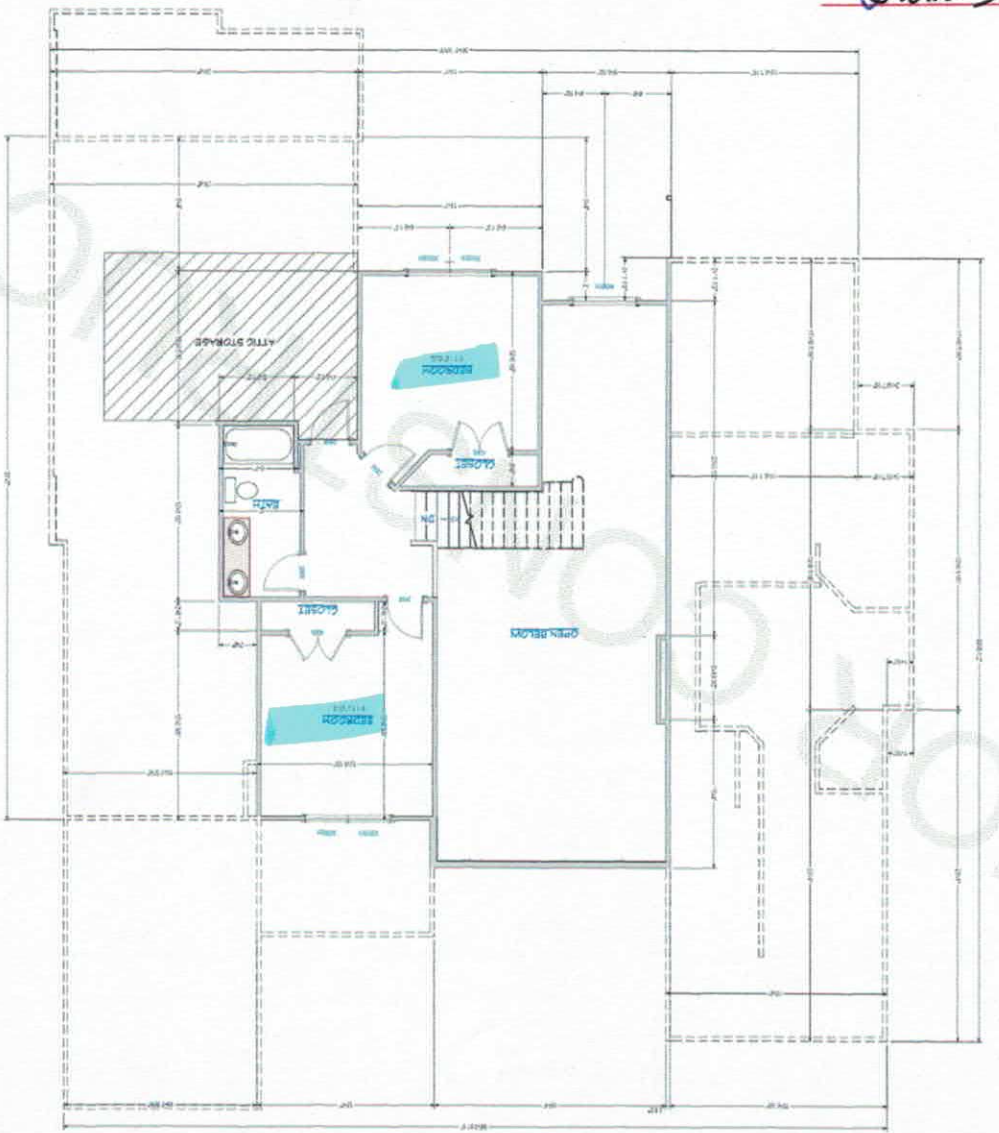
Acknowledgement of
Plans Submittal ONLY!

Date 1-31-18

Date 1/26/18

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"




NOT TO BE USED FOR CONSTRUCTION

A-7

SHEET:

SCALE:

11/14/2017

DATE:

BUILD4G.com
PO BOX 60
TROUTMAN NC
28166
704-585-7978

PROJECT DESCRIPTION:

Deal Residence

Copyright © 4G Design Build
All rights reserved. This media or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build.

For permission inquiries please contact:
4G Design Build
Troutman, NC 28166

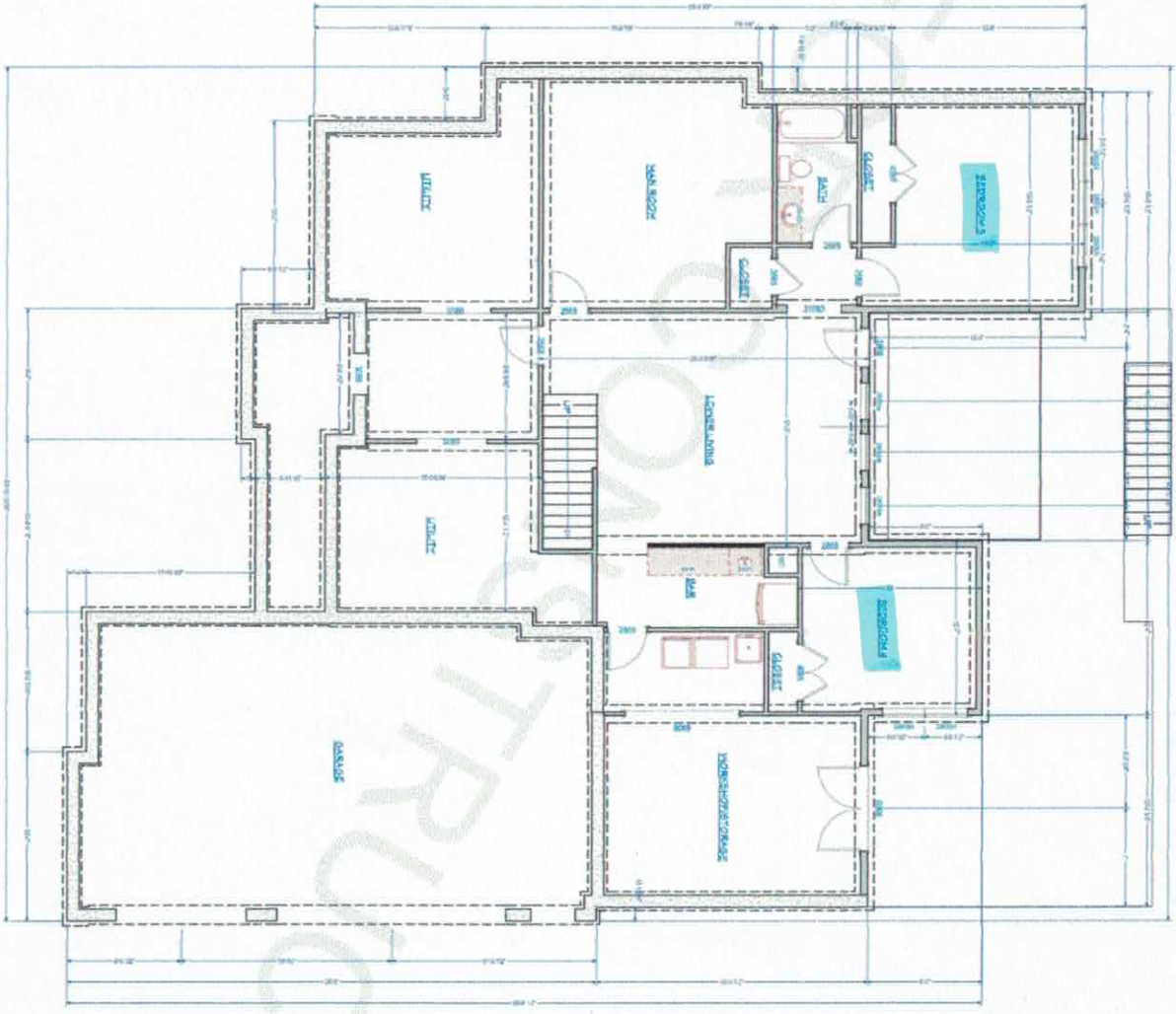
| NO. | DESCRIPTION | BY | DATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

BID

Acknowledgement of
Plans Submittal ONLY!

Date 1/31/18

Date 1/26/18




FUTURE BASEMENT / FOUNDATION PLAN

SCALE: 1/4" = 1'-0"

NOT FOR CONSTRUCTION

| SHEET: | SCALE: | DATE: | | | PROJECT DESCRIPTION: | | | |
|---|---|---|---|---|---|---|---|---|
| A-5 | | 11/14/2017 | BUILD4G.com<br>PO BOX 60<br>TROUTMAN NC<br>28166<br>704-560-7578 | 4G | Deal Residence | Copyright © 4G Design Build<br>All rights reserved. This design or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of 4G Design Build.<br>For permission requests please contact<br>4G Design Build<br>PO Box 60<br>Troutman NC 28166 | NO. DESCRIPTION BY DATE | BID |

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 218892 |
| Issue Date: 12/11/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4629538511.000 | 169 APRIL ROAD, TROUTMAN, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: COLEMAN JEAN U+ROBERT D | Applicant: THE OAKS GROUP |
| Address: 3585 SHUGART CT<br>WARRENTON, VA 20187 | Address: 121 HOLT LN<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 704-578-4951 |

| Use Requested | Zone Code |
|---|---|
| SFD | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.446 | 35.00 | 35.00 | 15.00 | 15.00 | CACL | 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 | 122884 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|