IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235764

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

PIN # 4629605234

APPLICANT/OWNER: Ron Cartwright APPLICANT ADDRESS: 210 Allendale Circle Troutman NC

SITE ADDRESS: 186 Allendale Circle Troutman NC 28166 PHONE: 402-509-4061 ALT. PHONE ~

SITE DIRECTIONS: State Park Rd T.L. on Morrison Farm Rd R on Allendale Circle SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Allendale Point SECTION: ~ LOT # 10+PT11 LOT AREA: ~ DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 1760 Date 5-25-18

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 1 Linear Ft 45

Trench Width 36 Trench Bottom Depth([redacted]) 36 Gravel Depth ~

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity Panel Block 50% Reduction

Repair System Description: Pre-Treatment Drip.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ____ ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Review + Follow Comments in attached Design Report and Layout

The Purpose of this Permit to Bring Current system in Compliance.

A/C cannot be issued until Well Has been Abandoned. ★

INITIAL SITE SKETCH

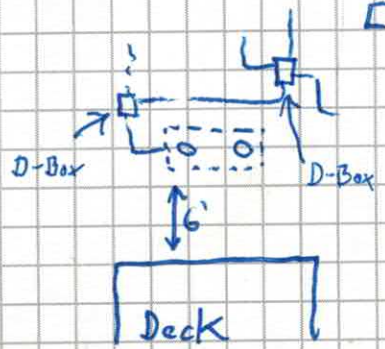
See Site Proposal & Report by Michael Athanas LSS # 1252

25?

AS BUILT SKETCH

8/31 - Well not Abandoned.
- Checked Tank + Drainline - 2 upper Drainlines o.k. and properly Vented
- 2 D-Boxes not set up Correctly to close to Tank
- Needs Re-inspection Bottkins

9/4/18 Tank ok. 2 D-Boxes OK. Installed as perm. req. ★ 2" pipe leaving D-Box requires attention [3" minimum required per 1955.(e)



9/5/18 Was able to feed lines equally with speed leveler

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: 8/17/2018 Installed by: Signature Pools Date: 5/30/19

IMPROVEMENT PERMIT by: Benjamin A. Bottkins Date: 8/13/2018 OPERATION PERMIT by: Benjamin A. Bottkins Date: 5/30/19

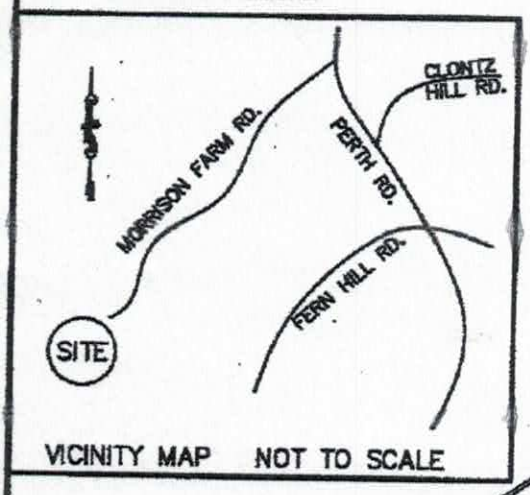
AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: ____ Date: ____

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.

plat book 7, page 21, 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 10, day of JULY
A.D. 20 17

WILLIAM M. ALLEN

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



VICINITY MAP NOT TO SCALE

0' 20' 40' 100'
SCALE IN FEET

RAMP
#4 REBAR
761' CONTOUR LINE PER ACTUAL FIELD SURVEY
N19°12'24"E 120.61'
760' CONTOUR LINE FOLLOWS ALONG THE RETAINING WALL
BOAT HOUSE
100.9'
BH
Repair Area
50' BUFFER FROM 760' CONTOUR
LAKE NORMAN
Pit 2
R4-45'
Ex.Bed Sys
Pit 1
D-Box
P2-45'
W1-45'
ST
W3-45'
D-Box
5'
SPLIT RAIL FENCE
N17°21'00"W 116.00'
99.6'
15' SETBACK
DECK
1 STORY WOOD SIDING W/BASEMENT COMP. ROOF
14.3'
DB. 1163 PG. 424
LOT 9
KRISTIN ANN THARPE
1646/1218
#4 REBAR
108.2'
100'
S55°15'40"E 262.12'
WELL Abandon
1 STORY VINYL SIDING COMP. ROOF
Well
LOTS 10 & 11
0.95 AC.
Old well
Well
LOT 12
LAWRENCE A. AUSTIN
1163/424
155.98'
N63°27'30"W (BASE BEARING)
15' SETBACK
35' SETBACK
55.7'
CONCRETE DRIVE
IPS
R/W
OVERHEAD POWER
L=166.30'
R=831.78
BENT 1" SOLID
R/W
ALLENDALE CIRCLE (PUBLIC R/W)
(CHORD BEARING) S29°10'52"W 166.02'

NOTES
1). THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 6/19/17) ELEVATION: 758.8'
4) OVERHEAD POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
6) SETBACKS PER IREDELL COUNTY ZONING.

LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 186 Allendale Cir., Allendale Point lot 10/11
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Existing well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS + Existing system
Proposed Repair System Type: Pretreatment Drip irrigation
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: See comments
Proposed Trench Width: 24" (8' on center)



Line	Design Length	Actual Length
White 1	45'	45' (installed)
Pink 2	45'	45' (installed)
White 3	45'	45' (to be removed)
Red 4	45'	47'

Initial System: 135' + Ex. Bed **Repair System:** 2000 FT2

Comments:
During the installation, the system was installed deeper than the previously approved trench bottom. The result was the system being install in saprolite which requires a 100' setback from any well. White 3 must be removed and a new line installed (Red 4). The old well will have to be abandoned. The tank is too close to the deck footing and must be moved to a minimum of 5' from the deck footing. One air vent must be installed at the beginning of White 1 and Pink 2 as per a conversation with T&J manufacturer because of the depth of the system (see T&J manual for installation). The trench bottom for Red 4 should be 36". The existing bed system is flagged in yellow.

PROPERTY ID #: 4629605234_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ron Cartwright_____ APPLICATION DATE_____
ADDRESS:__210 Allendale Cir., Troutman, NC _____ DATE EVALUATED: _____
PROPOSED FACILITY: ___4bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: __0.95 AC_____
LOCATION OF SITE: 186 Allendale Cir, Allendale Pt Lot 10/11_____ PROPERTY RECORDED: _1/25/1964_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 9%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	43"	F-C SAP	N/A	PS 0.3
		8-28	R C SBK	FR SS SP SEXP					
		28-43	R CL WSBK	FR SS SP SEXP					
		43-48	VER SL SAP M	VFR SS SP SEXP					
2	LS 9%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
3	LS 9%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	43"	F-C SAP	N/A	PS 0.3
		5-22	R C SBK	FR SS SP SEXP					
		22-43	R CL WSBK	FR SS SP SEXP					
		43-48	VER SL SAP M	VFR SS SP SEXP					
4	LS 9%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		12-42	R C SBK	FR SS SP SEXP					
		42-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	BED + 270 FT2	1920 FT2
System Type(s)	BED + PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_+_BB (ICHD)
OTHER(S) PRESENT: _____ Benjamin Beaty ICHD

COMMENTS:_____

PROPERTY ID #: 4629605234_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ron Cartwright_____ APPLICATION DATE_____
ADDRESS:__210 Allendale Cir., Troutman, NC _____ DATE EVALUATED: _____
PROPOSED FACILITY: ___4bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: __0.95 AC_____
LOCATION OF SITE: 186 Allendale Cir, Allendale Pt Lot 10/11_____ PROPERTY RECORDED: _1/25/1964_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 9%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	43"	F-C SAP	N/A	PS 0.3
		8-28	R C SBK	FR SS SP SEXP					
		28-43	R CL WSBK	FR SS SP SEXP					
		43-48	VER SL SAP M	VFR SS SP SEXP					
AB 2	LS 9%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 9%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	43"	F-C SAP	N/A	PS 0.3
		5-22	R C SBK	FR SS SP SEXP					
		22-43	R CL WSBK	FR SS SP SEXP					
		43-48	VER SL SAP M	VFR SS SP SEXP					
AB 4	LS 9%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		12-42	R C SBK	FR SS SP SEXP					
		42-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	BED + 270 FT2	1920 FT2
System Type(s)	BED + PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_+_BB (ICHD)_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: _4629605234___
DATE OF EVALUATION: ____________
COUNTY: __IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS 9%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	36"		N/A	PS 0.3-0.4
		4-18	R C SBK	FR SS SP SEXP					
		18-36	R CL WSBK	FR SS SP SEXP			F-C SAP		
		36-48	VER SL SAP M	VFR SS SP SEXP					

COMMENTS: ____________________

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4629605234
DATE OF EVALUATION:
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
AB 5	LS 9%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.3-0.4
		4-18	R C SBK	FR SS SP SEXP					
		18-36	R CL WSBK	FR SS SP SEXP					
		36-48	VER SL SAP M	VFR SS SP SEXP					
PIT 1	LS 9%	0-12	Br CL WSBK	FR SS SP SXP	N/A	49"	F-C SAP PS	N/A	PS 0.3-0.4
		12-32	R C SBK	FR SS SP SXP					
		32-49	R CL WSBK	FR SS SP SXP					
		49-85	VER L SAP M	FR SS SP SXP					
PIT 2	LS 9%	0-9	FILL		N/A	60"	F-C SAP	N/A	PS 0.3
		9-18	Br CL WSBK	FR SS SP SXP					
		18-41	R C SBK	FR SS SP SXP					
		41-60	R CL WSBK	FR SS SP SXP					

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

Max depth 28 - Low Side.

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5-6%	0-29	C SBK	SS SP FM SEXP	2.5Y 4/6	4/8.			PS.3
		29-48.	CL WSBK	SS SP FR					
2	LSS 5-6%	0-8.	SCL WSBK	SS SP FR SEXP	2.5Y 4/6	4/3.			PS.3.
		8-28	C SBK	SS SP FM					
		28-43	CL SBK	SS SP FR					
		43-48.	SAP M	SS NP VFR					
3									
4									

Slope Correction 3 inch

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	III 50% Expand	V. Pre Treatment Drip
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

235764 RECEIVED AUG 8 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Comp. Relayout Pd. $350.00

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: Ron Cartwright **Address:** 210 Allendale Cir, Troutman, NC **Zip:** 28166

Applicant Email: roncartwright64@gmail.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 186 Allendale Cir

Subdivision Name: Allendale Point **Section/Phase:** _____ **Lot Number:** 10/11

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: Accepted

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: _____ 8/8/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

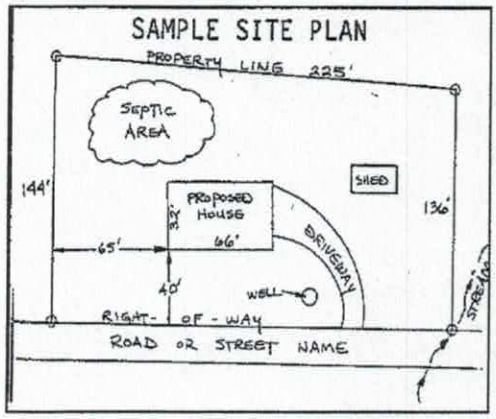
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See attached plan

Signature: _____ 8/8/2018

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