ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246989

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

PIN # 4629166912

APPLICANT/OWNER: Roger Dale & Ann Hieth APPLICANT ADDRESS: 117 Coventry Hills Ln Troutman, NC 28166

SITE ADDRESS: 117 Coventry Hills Ln Troutman, NC PHONE: 3304806697 ALT. PHONE

SITE DIRECTIONS: State Park Rd TL Morrison Farm TR Abbington II Coventry Hills on left

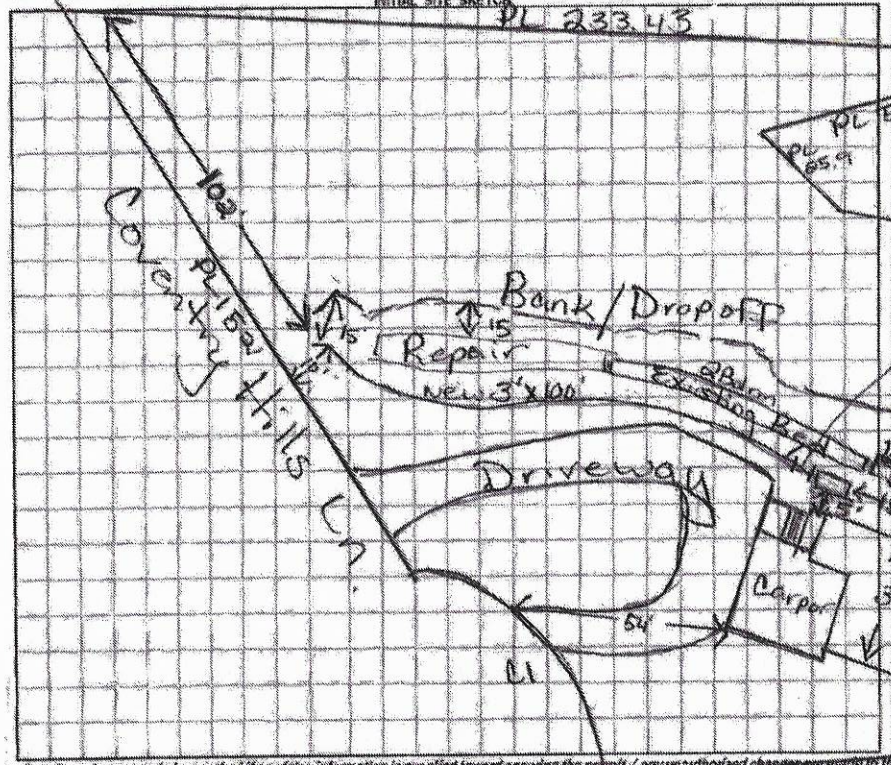
SUBDIVISION: C L & T SECTION: 17 LOT # 171 LOT AREA: .783 Acre SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 760	Date 8-13-19	☐ 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: Gravity 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines	Linear Ft 100 ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab ☐ Crawl Space		☐ Community
Trench Width 36"	Trench Bottom Depth (Low side) 30"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☒ Basement w/ plumbing		☐ Basement w/o plumbing

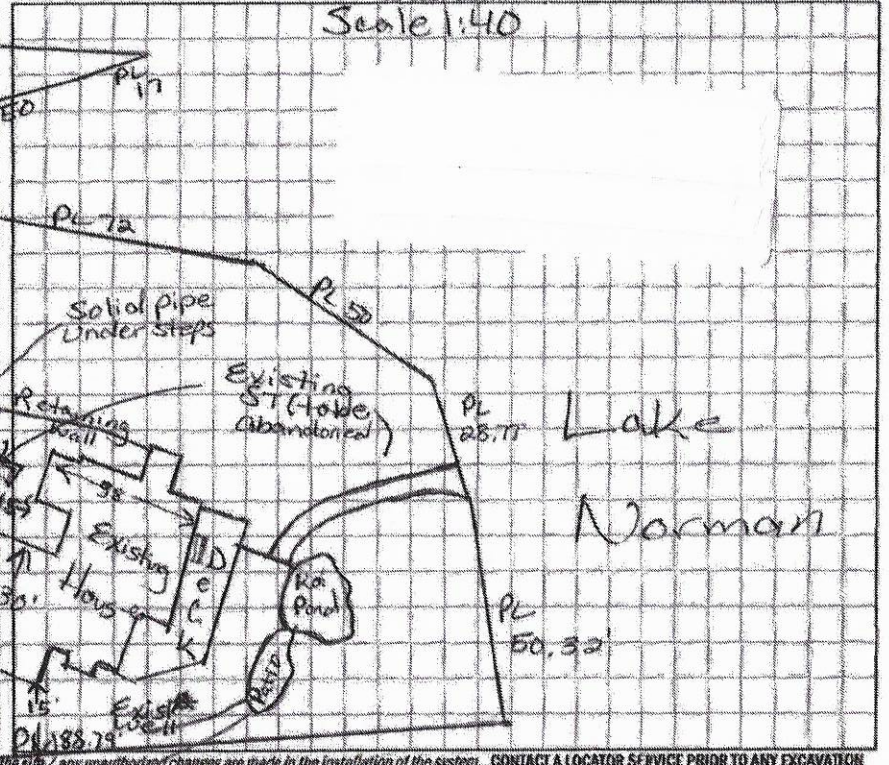
Comments / Conditions: Note: Serial distribution, Fixed New drainline, 1st then go to existing Bed

"Properly abandon" existing Septictank ST 8ft from house Installed Quick 4 & 5 T as drawn

INITIAL SITE SKETCH



AS BUILT SKETCH Scale 1:40



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: 9/24/19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Marian Dotson Date: 8/26/19 OPERATION PERMIT by: Marian Dotson Date: 10/1/19

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 8/26/19 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4629669120
COUNTY: Fredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Roger Hiatt
ADDRESS: 117 Coventry Hills Ln Troutman NC
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 117 Coventry Hills Ln T17 Lot 171
APPLICATION DATE 7/25/19
DATE EVALUATED: 8/21/19
PROPERTY SIZE: .783 Acre
PROPERTY RECORDED: Y

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	18% L	0-16	Brn SCL	w SBK SS, SP, SEXP, FR					PS .3
		16-50	RC/CL	w-m SBK SS, SP, SEXP, FR					
			few SAP Inclus		—	50"			
2	18% L	0-12	Brn SCL & Gravel (Fill)						PS .325
		12-39	RCL	m-w SBK SS, SP, SEXP, FR					
		39-56	RCL	w SBK SS, SP SEXP FR					
			w/Few-to many SAP Inclus		—	56"			
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.325

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Aaron (County Wastewater)
COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None	EFI (Extremely Firm)	

*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)

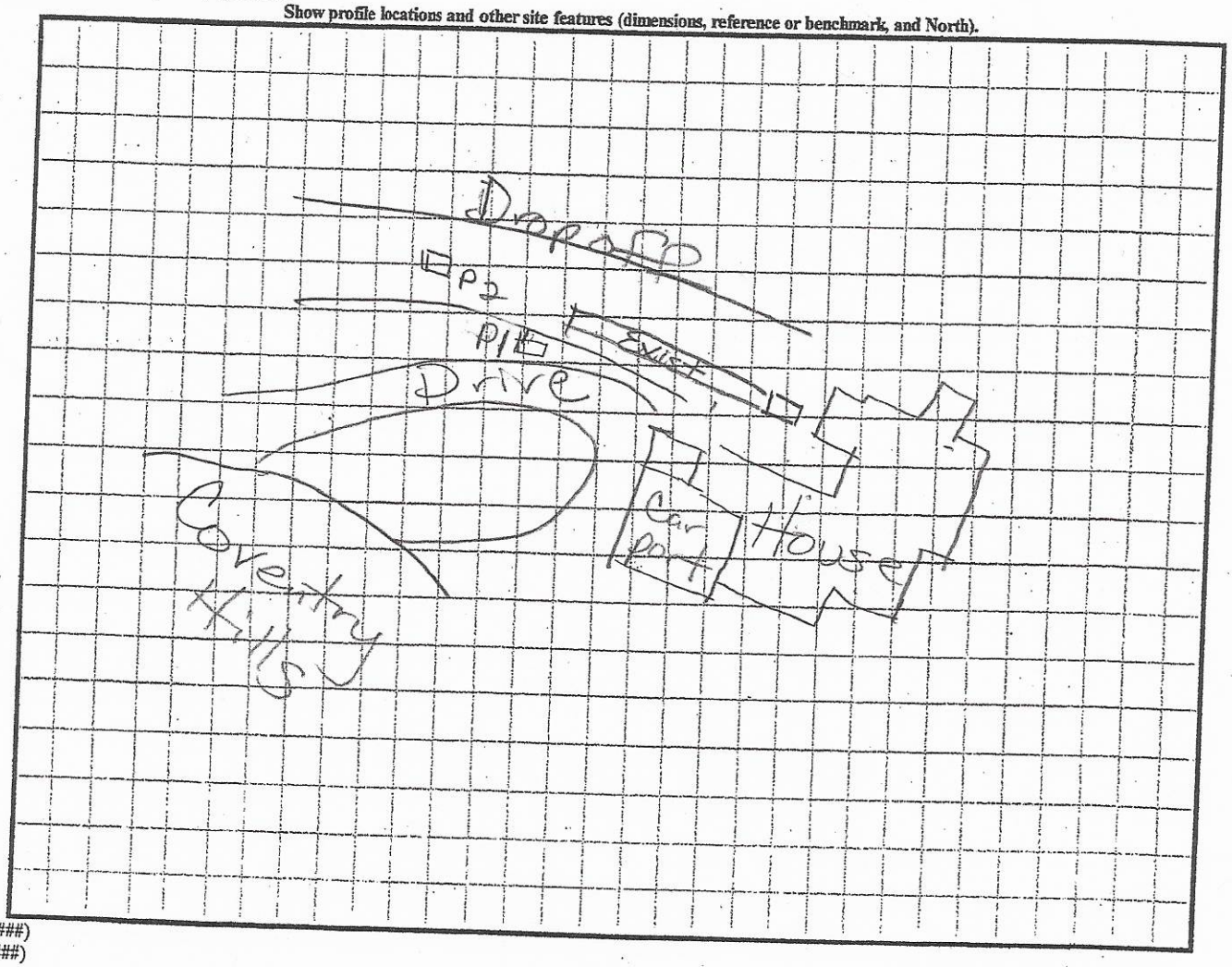
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



DENR (######)
Review (#####)

9:00

246989 $500 pd

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Roger Dale & Ann R. Hiatt Address: 117 Coventry Hills Ln, Troutman Zip: 28166
Applicant Email: _____ Phone: 336 480 6097 Alt. Phone: _____
Owner Name: " Address: _____ Zip: _____
Owner Email: Hiatta@msn.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 Coventry Hills Lane
Subdivision Name: Troutman, NC 28166 Section/Phase: 17 Lot Number: 171
Driving Directions: State Park Road to Morrison Farm Road. Right on Abbington, left on Coventry Hills. 2nd Lot on left.

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

No Problems ever but

( ) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 6
( ) Accessory Building — ( ) Swimming Pool
(X) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Inadequate for House Size

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____
( ) 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: 1980
( ) 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: Roger Dale & Ann R Hiatt July 25, 2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

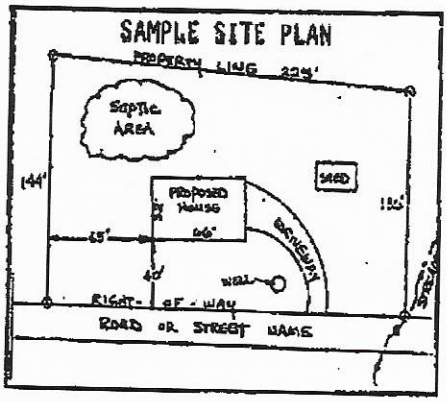
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

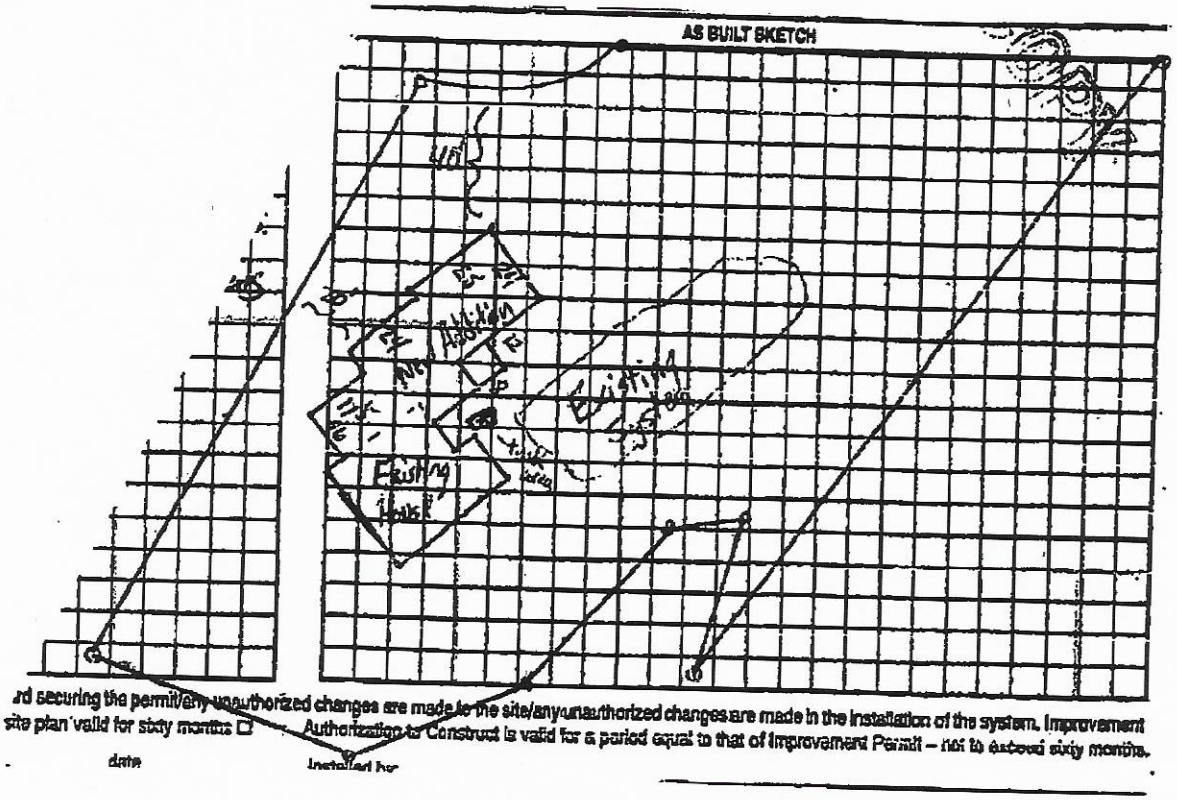


Circle N/A on the following if appropriate:

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



rd securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

date Installed by

Signature: Ryan Douglas Arbogast **July 25, 2019**

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 149748 PIN# 4629669128 DATE 4-15-08

OWNER OR APPLICANT Roger & Ann Hall PHONE: Business Home 704 528 4984

ADDRESS 117 Coventry Hills Lane

LOCATION 117 Coventry Hills Ln; State Park Rd, (R) on Morrison, (R) on Abington, (L) on Coventry Hills; 2nd house on (L)

SUBDIVISION BLOCK / SECTION LOT LOT AREA: SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: Ex. Gallons: STB Ex Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex

No Lines Ex Trench Width Ex Max Trench Bottom Depth Ex

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement w/o plumbing

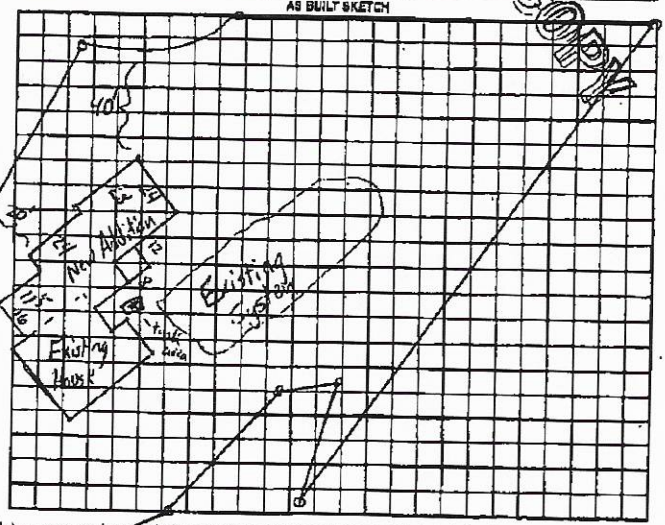
Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH

Existing system will accomodate 2BR.
New addition does not encroach on system nor does it increase # of Bedrooms.
Maintain all zoning setback and requirements

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date 4-15-08

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System - G.S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Res. _____

LOCATION _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

Mobile Home _____ Business _____ Other _____

Bedrooms _____ Bathrooms _____

Character & Percolation of Soil _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Basement with Plumbing _____ Basement without Plumbing _____

Sewage Pump _____

Size of Tank _____

No. of Lines _____

Depth of Stone _____

Water Supply: Individual _____

Installed by _____

Signed _____

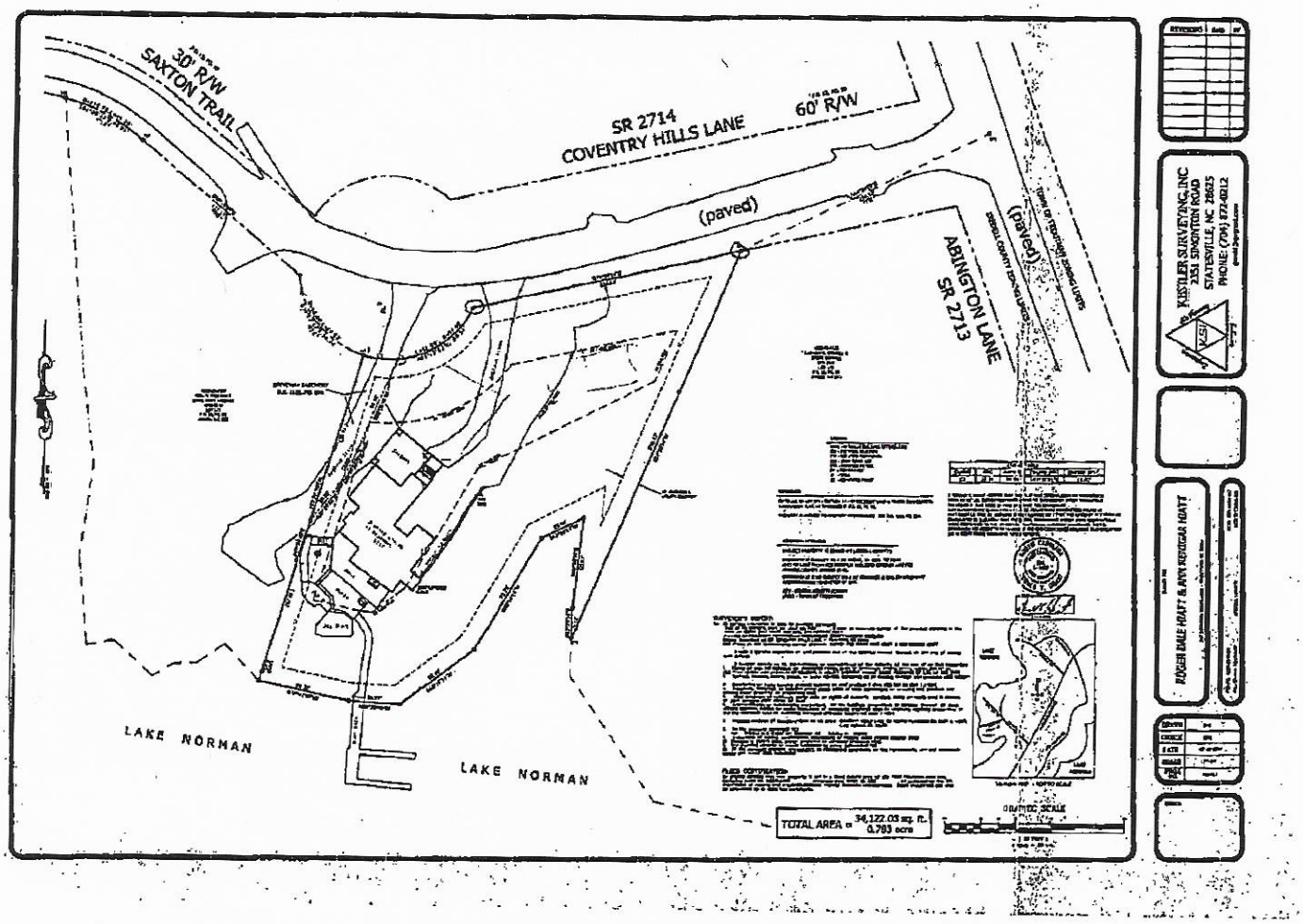
Date _____

APPROVED _____ DENIED _____

SIGNED _____

DATE _____

CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE STATE AND LOCAL REGULATIONS


30' R/W
SAXTON TRAIL
SR 2714
COVENTRY HILLS LANE
60' R/W
(paved)
(paved)
ABINGTON LANE
SR 2713
LAKE NORMAN
LAKE NORMAN
TOTAL AREA = 34,122.03 sq. ft.
0.783 acre
KUSTLER SURVEYING, INC
2351 SHADTON ROAD
STATESVILLE, NC 28625
PHONE: (704) 872-6012
ROGER DALE HOATT & ANN KENDRICK HOATT

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 19748 PIN# 4629669128 DATE 4-15-08

OWNER OR APPLICANT Roger & Ann Hiatt PHONE: Business Home 704 528 4984

ADDRESS 117 Coventry Hills Lane

LOCATION 117 Coventry Hills Ln; State Park Rd, (R) on Morrison, (R) on Abington, (L) on Coventry Hills; 2nd house on (L)

SUBDIVISION CLT BLOCK / SECTION 17 LOT 171 LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: Ex. Gallons: ST8 Ex Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex

No Lines Ex Trench Width Ex Max Trench Bottom Depth Ex Gravel Depth

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

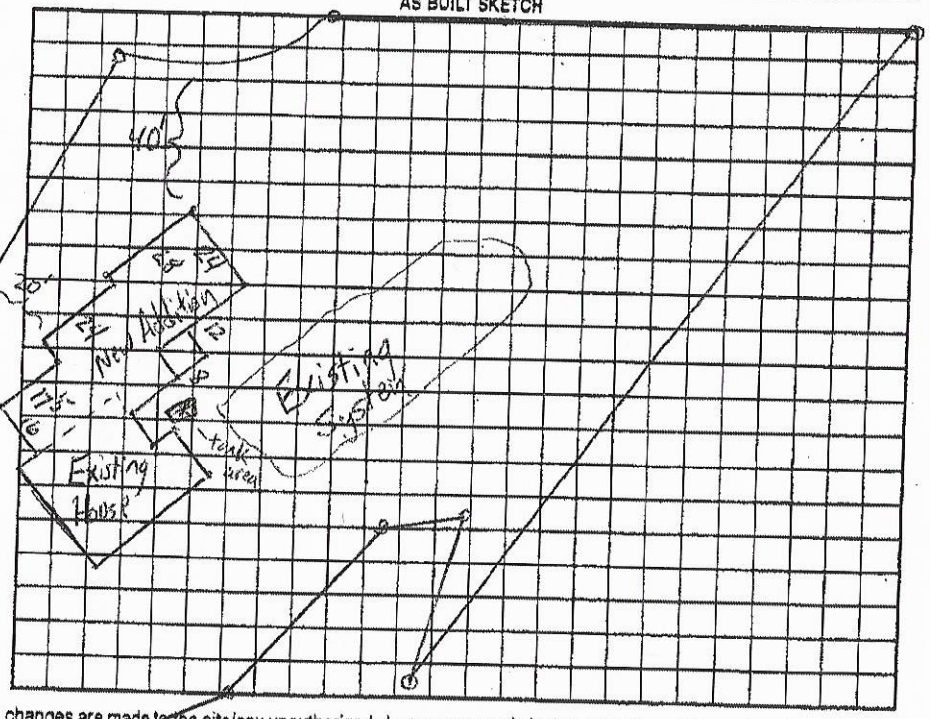
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

Existing system will accomodate 2BR. New addition does not encroach on system nor does it increase # of Bedrooms. Maintain all zoning setback and requirements

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit -- not to exceed sixty months.

Signed: Ann R Hiatt date 5/9/08

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date 4-15-08

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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)* _____

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, Roger Dale Hiatt & Ann R Hiatt, am the legal owner(s) of the property located at 117 Coventry Hills Lane, Troutman, NC, identified as

PIN (Parcel Identification Number) Section 17, Lot 171, located in Iredell County, North Carolina.

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

_____, 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.

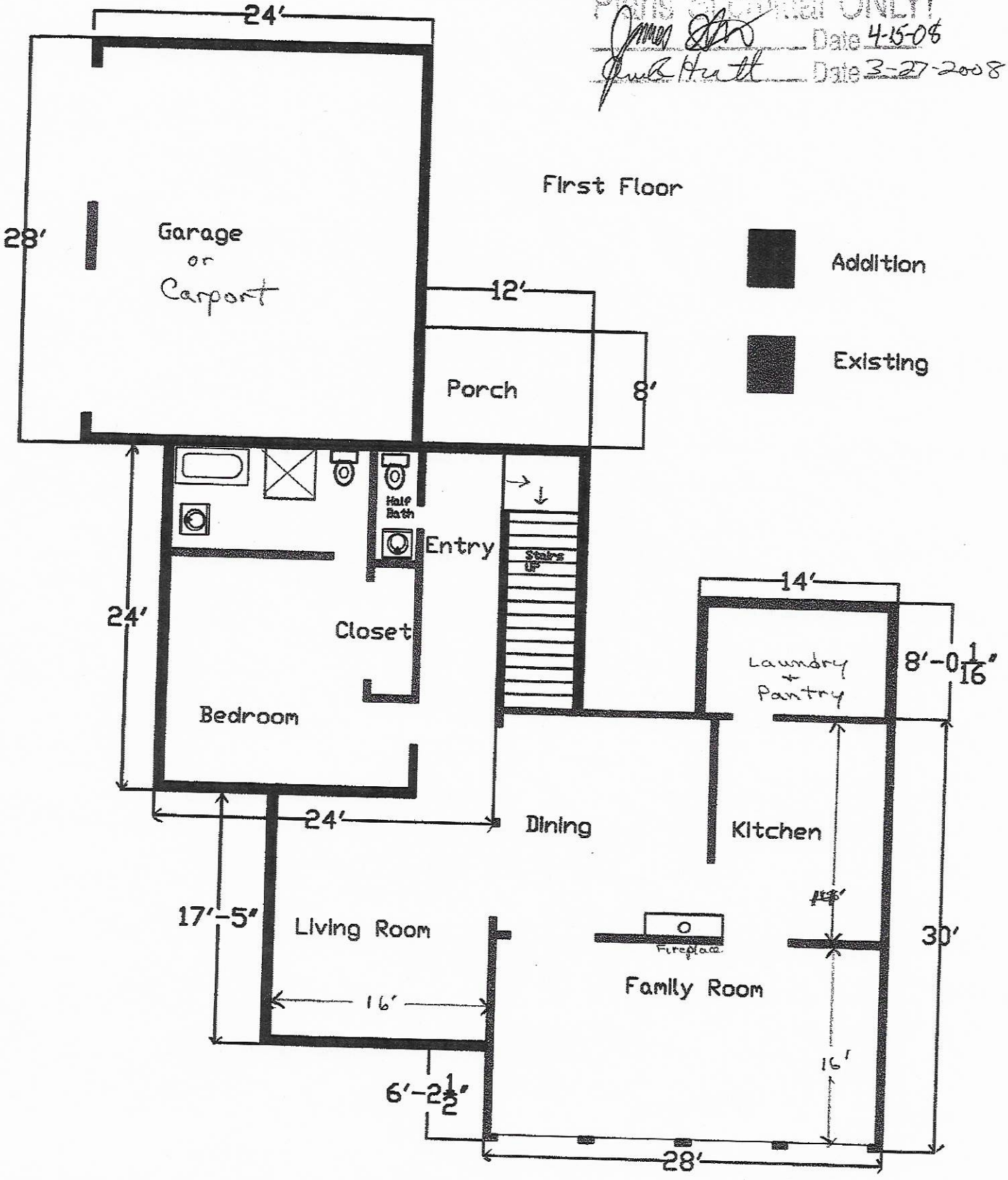
_____ _____
Signature of Owner(s) Date

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

117 Coventry Hill Lane
Troutman, NC 28166

Acknowledgement Of
Plans Submittal ONLY!
_____ Date 4-15-08
_____ Date 3-27-2008



Acknowledgement Of
Plans Submittal ONLY!
_____ Date 4-15-08
_____ Date 3-27-2008

117 Coventry Hill Lane
Troutman, NC 28166

