ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-225987

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

PIN # 4629--71--8218

APPLICANT/OWNER: JOHNNY CHURCH APPLICANT ADDRESS: P.O. BOX 764, STATESVILLE, N.C. 28687

SITE ADDRESS: 754 MORRISON FARM ROAD, TROUTMAN, N.C. 28166 PHONE: 704-682-8808 ALT. PHONE –

SITE DIRECTIONS: (S) ON 21, (R) ON STATE PARK, L ON MORRISON FARM, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ALLENDALE ACRES SECTION: – LOT # 8 LOT AREA: 0.4701 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

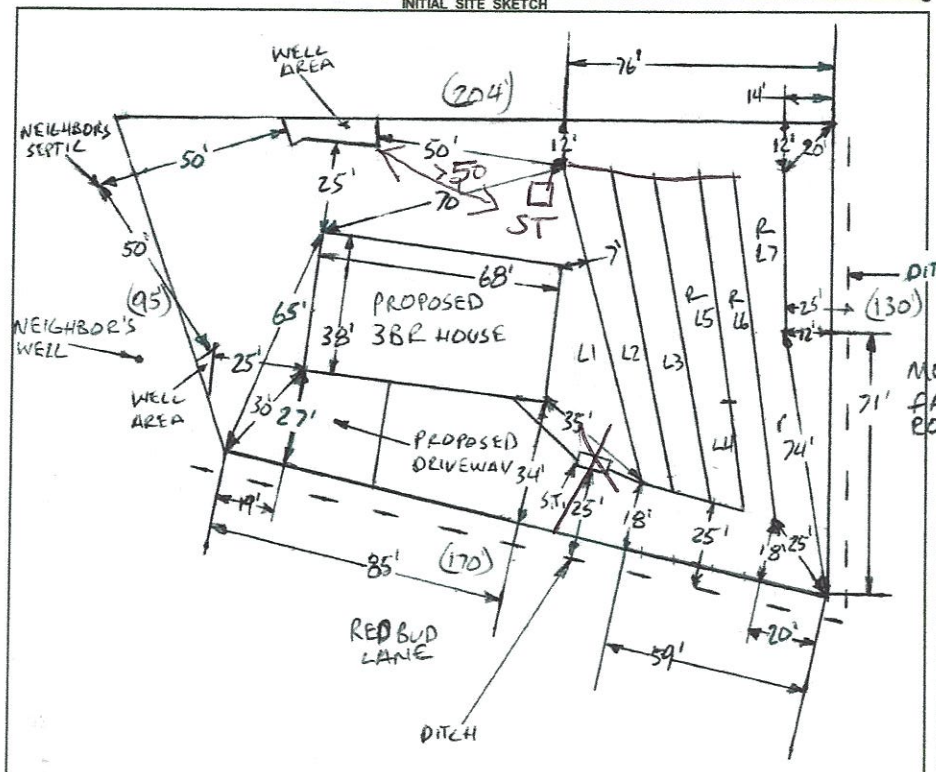
Septic Tank	1000 (gal)	STB	160	Date	11/12/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms 3	Water Supply
Pump Tank	– (gal)	PT	–	Date	–	System Description:			25% REDUCTION	☐ Business	No. Persons 6	☑ Private
Pump Make	–	Model	–	Serial #	–	Repair System Description:			50% REDUCTION	☐ Other	No. Employees –	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	300 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	–		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, FEED LINE 3 & LINE 4 AT SAME ELEVATION, LINE 4 MAYBE SHALLOWED UP IN ORDER TO PROPERLY FEED IT WITH LINE 3

MAINTAIN 50 FT FROM ALL WELLS, NO FOUNDATION DRAINAGE ON LOW SIDE OF HOUSE

ST 13ft to sideline 16ft to house, 66ft to well

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.

Orange filter installed

ST installed on other side of house

Installed Quick 4 as Shown

1 IN = 50 FT
S.T. = SEPTIC TANK
L1 = 90 FT INSTALL
L2 = 90 FT INSTALL
L3 = 90 FT INSTALL
L4 = 30 FT INSTALL
L5 = 65 FT REPAIR
L6 = 95 FT REPAIR
L7 = 45 FT REPAIR
R = REPAIR

FEED AT SAME ELEVATION

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: Johnny Church Date: 6-11-21 Installed by: Barnes Backhoe 8283125876

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-10-2021 OPERATION PERMIT by: Mona Dotson Date: 3/21/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 6-10-2021 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 46297182
COUNTY: _____

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

OWNER: John Richards
ADDRESS: PO Box 4613 MUL
PROPOSED FACILITY: Home
LOCATION OF SITE: 754 Morrison Farm Rd
APPLICATION DATE 3/23
DATE EVALUATED: 4/1/13
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 8%	0-4	scl wsbk	ss sp fr sefw	2.5YR 4/6	48	—	—	PS .3
		4-36	c sbk	ss sp fm					
		36-48	cl wsbk	ss sp fr					
2	Side 8%	0-4	scl wsbk	ss sp fr sefw	" "	48	—	—	PS .3
		4-28	c sbk						
		28-48	cl wsbk	ff					
3	Side 8%	0-3	scl wsbk	ss sp fr sefw	" "	48	—	—	PS .3
		3-40	c sbk	fm					
		40-48	cl wsbk	fr					
4	Side 8%	0-4	scl wsbk	ss sp fr sefw	" "	48	—	—	PS .3
		4-34	c sbk	fm					
		34-48	cl sbk	fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Y	Y
System Type(s)	50% red	50% red
Site LTAR	.3	.3

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

COMMENTS: _____

RECEIVED APR 16 2021

CATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

'ell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Intermediate

AP-225987

(✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
...ent Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
...n submitted with App.) (Floorplan submitted with App.)

...BOVE 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.

AP-316884 fees only

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: Johnny Church Address: P.O. Box 764 Statesville Zip: 28687
Applicant Email: johnnychurch@bellsouth.net Phone: 704.682.8808 Alt. Phone:
Owner Name: Johnny Church Address: P.O. Box 764 Statesville, NC Zip: 28687
Owner Email: johnnychurch@bellsouth.net Phone: 704.682.8808 Alt. Phone:

Property Information:

Street Address: 754 Morrison Farm Rd.
Subdivision Name: Allendale Acres Section/Phase: - Lot Number: 8
Driving Directions: From Troutman, Rt. on Perth Rd., Rt. On State Park Rd, Left On Morrison Farm Rd.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 3
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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.

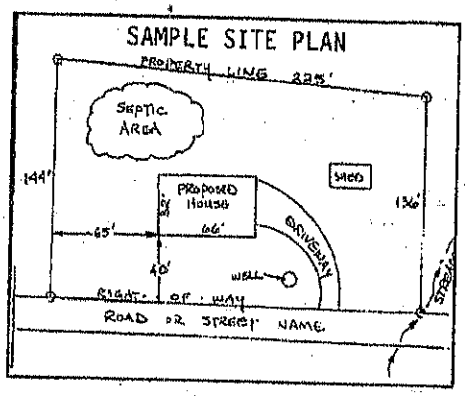
Signature: Johnny Church 4/16/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

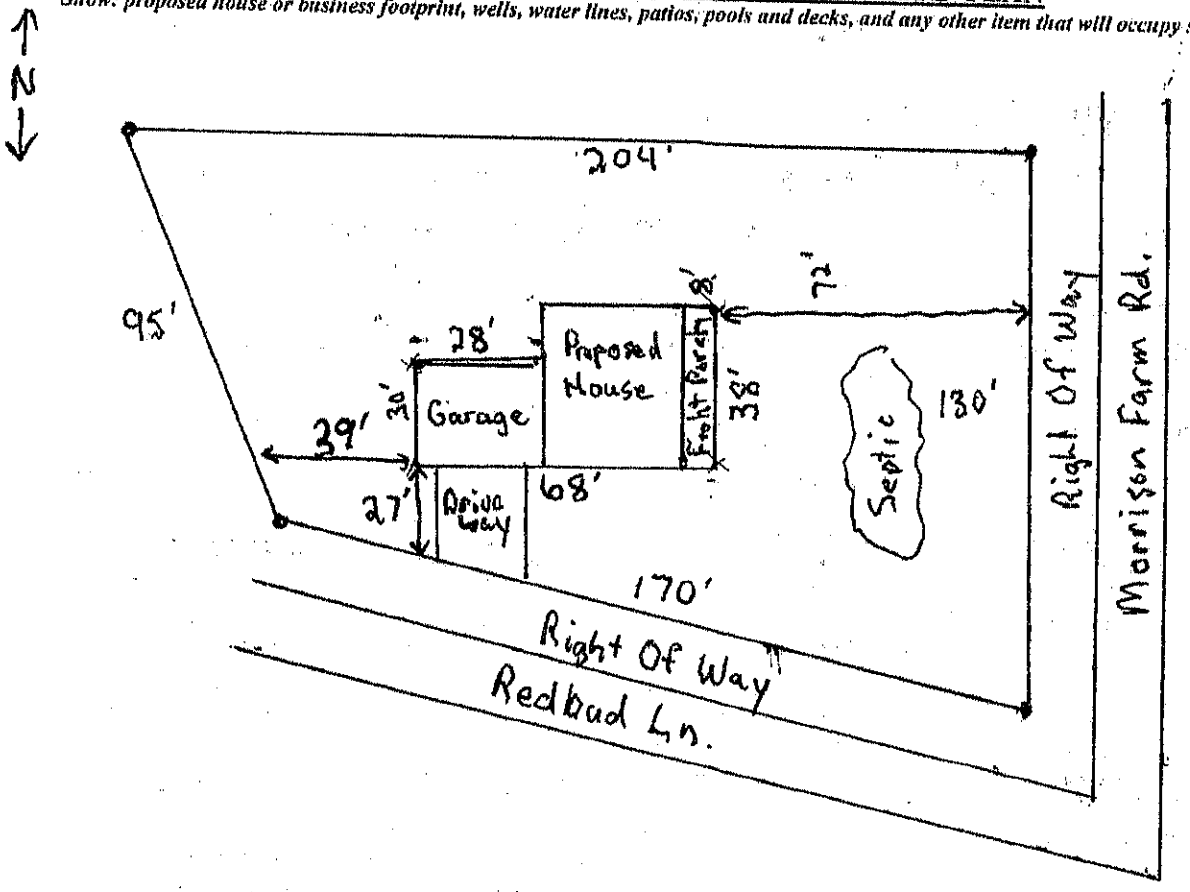
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

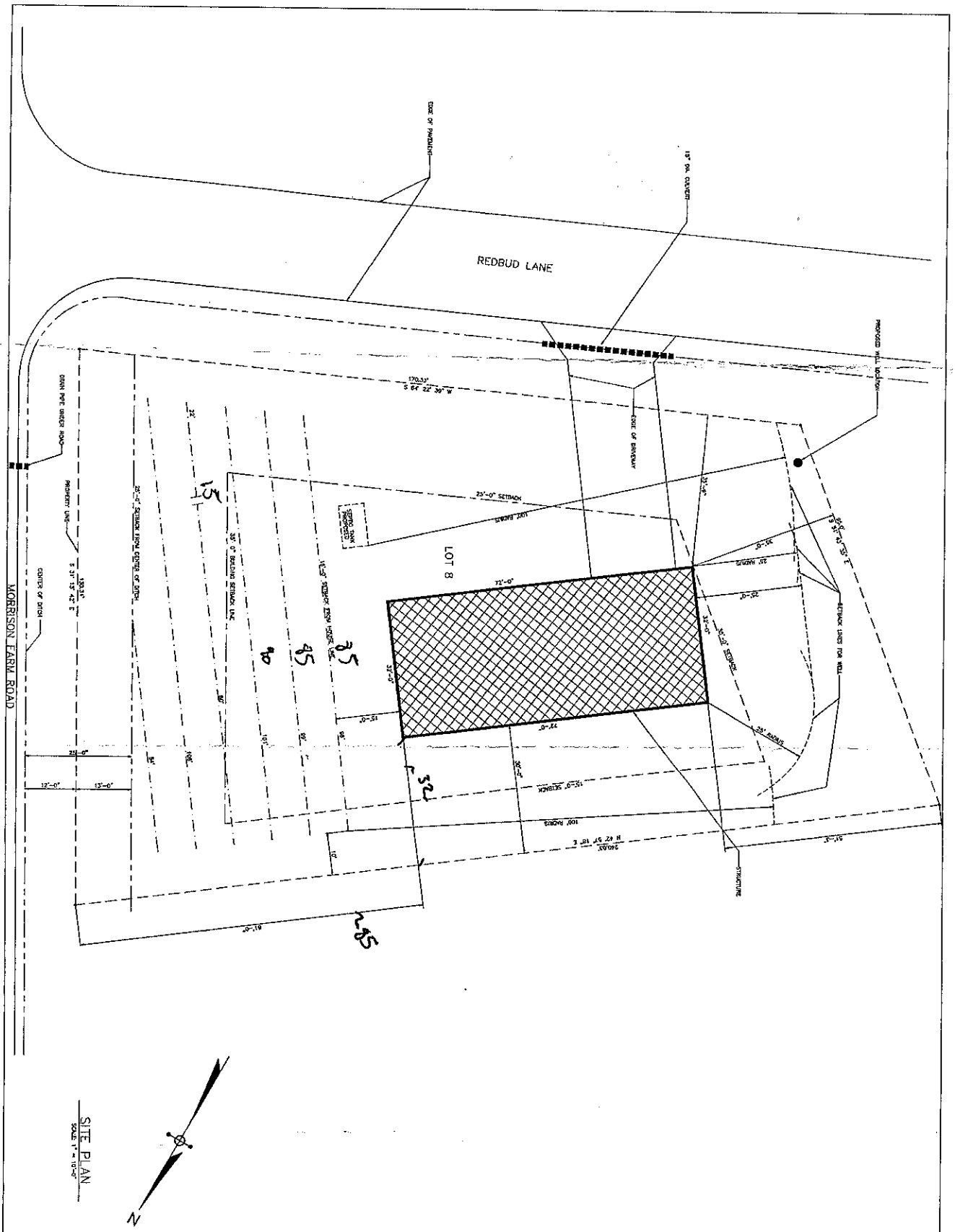


Signature: Johnny Church

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

4/16/21

DATE



SITE PLAN
SCALE: 1" = 10'-0"

N

SHEET NO. SP-1	A SITE PLAN FOR: *LOT 8* 754 MORRISON FARM ROAD TROUTMAN, NORTH CAROLINA	NANTZ BUILDING COMPANY GENERAL CONTRACTOR *RESIDENTIAL – COMMERCIAL – INDUSTRIAL* 147 NANTZ WOODS LANE TROUTMAN, N. C. 28166 PHONE 704-528-9045
DRAWN NANTZ	SITE PLAN	
DATE 5-2-17	SCALE: 1" = 10'-0"	

NO.	DATE	DESCRIPTION	BY
REVISIONS			

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Site: Johnny Church
754 Morrison Farm Rd Lot 8
Troutman NC

Applicant
Address: Po Box 764
Statesville NC 28687
Ph: 704 882-8808

Acknowledgement Of
Plans Submittal ONLY!
Johnny Church Date 4/16/21
Budget Coordinator Date 6-10-2021

