# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245836

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

PIN # 4629757164

APPLICANT/OWNER: Jeremy + Patricia Hapes APPLICANT ADDRESS: 124 Jacobs Woods Circle

SITE ADDRESS: 553 Morrison Farm Rd, Troutman 28166 PHONE: 704-775-0248 ALT. PHONE 704-775-0249

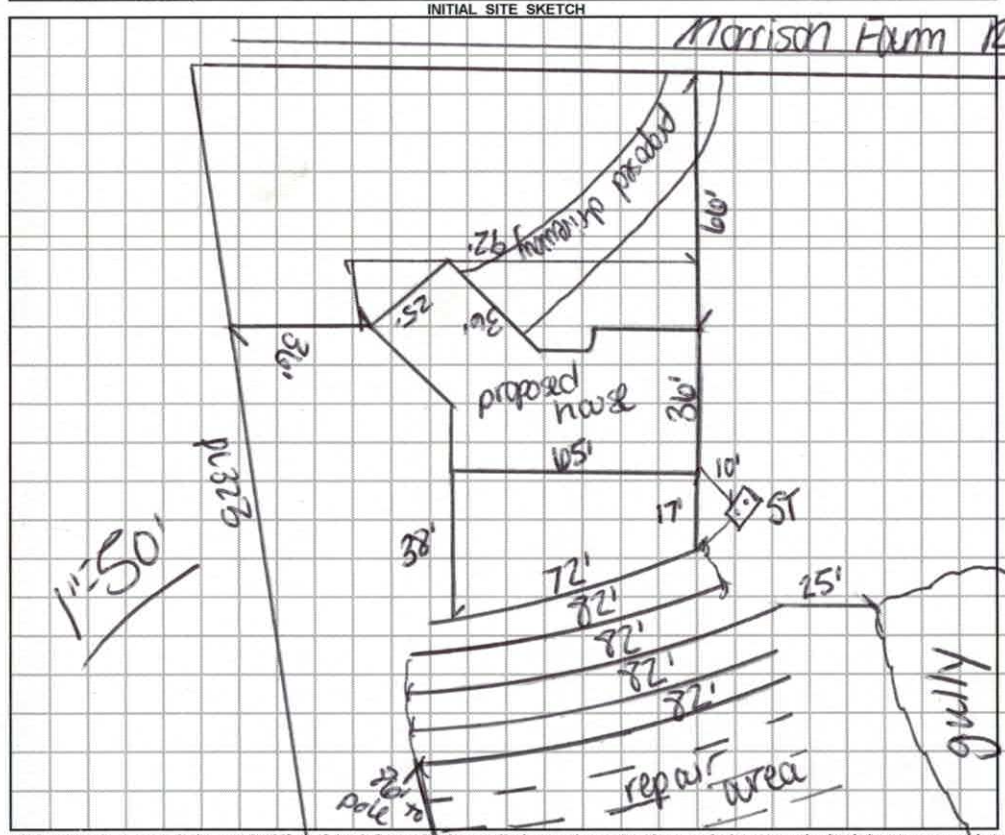
SITE DIRECTIONS: Perth → R on state park → L on Morrison Farm → on L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Falls Park SECTION: 3C LOT # 27 LOT AREA: 1.529 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

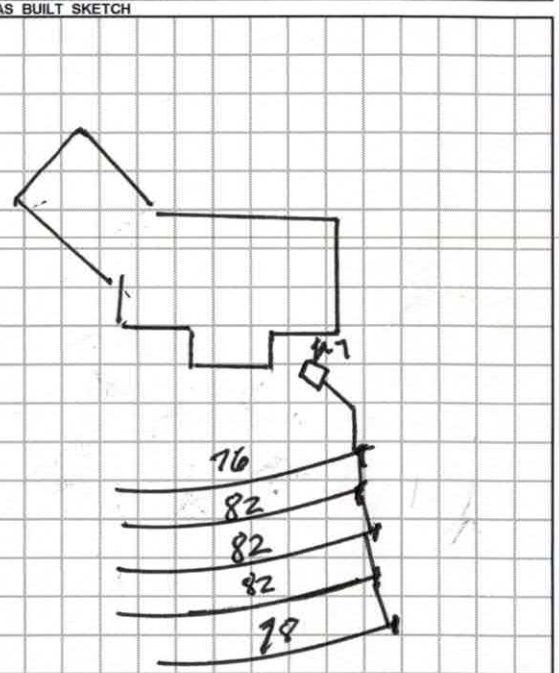
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 1012 | Date | 6-9-2020 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 4 | Water Supply |
| Pump Tank | (gal) | PT | | Date | | System Description: | 25% reduction | ☐ Business | No. Persons 8 | ☐ Private |
| Pump Make | | Model | | Serial # | | Repair System Description: | LPP BPS | ☐ Other | No. Employees | ☒ Public |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth( | | | 36" max | Gravel Depth | — | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max trench depth of 36".

INITIAL SITE SKETCH




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.* **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: 6-27-19 Installed by: Abraham Gosling + Sons

IMPROVEMENT PERMIT by: Carla C. Cave Date: 6-26-19 OPERATION PERMIT by: Date: 8-17-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6-26-19 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.**

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

Sheet 1 of 1
PROPERTY ID #: 0129754
COUNTY: Iredell

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

OWNER: Jeremy + Patricia Hayes
ADDRESS: 124 Jacob woods circle
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 553 Morrison Farm
APPLICATION DATE: 4-19-19
DATE EVALUATED: 6-21-19
PROPERTY SIZE: 1.5ac
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 | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 R | V R 70 | 0-19 | GR SCL | Fr SS SP SBKP | — | 57" | — | — | PS .3 |
| | | 19-38 | SBK C | Fr SS SP SBKP | | | | | |
| | | 38-57 | SBK CL | Fr SS SP SBKP | | | | | |
| 2 R | V 12% | 0-10 | GR SCL | Fr SS SP SBKP | — | 54" | PS, Stay away Hillpage | — | PS .3 |
| | | 10-27 | SBK C | Fr SS SP SBKP | | | | | |
| | | 27-34 | SBK CL | Fr SS SP SBKP | | | | | |
| | | 34-54 | M L SAP | VFR | | | | | |
| | | 54-60 | Firm | SAP FI | | | | | |
| 3 I | V 12% | 0-11 | GR SCL | Fr SS SP SBKP | — | 43" | PS | — | DS .3 |
| | | 11-27 | SBK C | Fr SS SP SBKP | | | | | |
| | | 27-43 | SBK CL | Fr SS SP SBKP | | | | | |
| | | 43-62 | M SAP | VFR | | | | | |
| 4 R | V 12% | 0-9 | GR SCL | Fr SS SP SBKP | — | 52" | PS | — | PS .3 |
| | | 9-36 | SBK C | Fr SS SP SBKP | | | | | |
| | | 36-52 | SBK CL | Fr SS SP SBKP | | | | | |
| | | 52-62 | M L SAP | VFR | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 400' | 267' |
| System Type(s) | 25% red. | 50% red. |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cox
OTHER(S) PRESENT: R. Abernathy

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | O (Organic) | None | None | | |

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| EFI (Extremely Firm) | NP (Non-plastic) |
| | SP (Slightly Plastic) |
| | P (Plastic) |
| | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

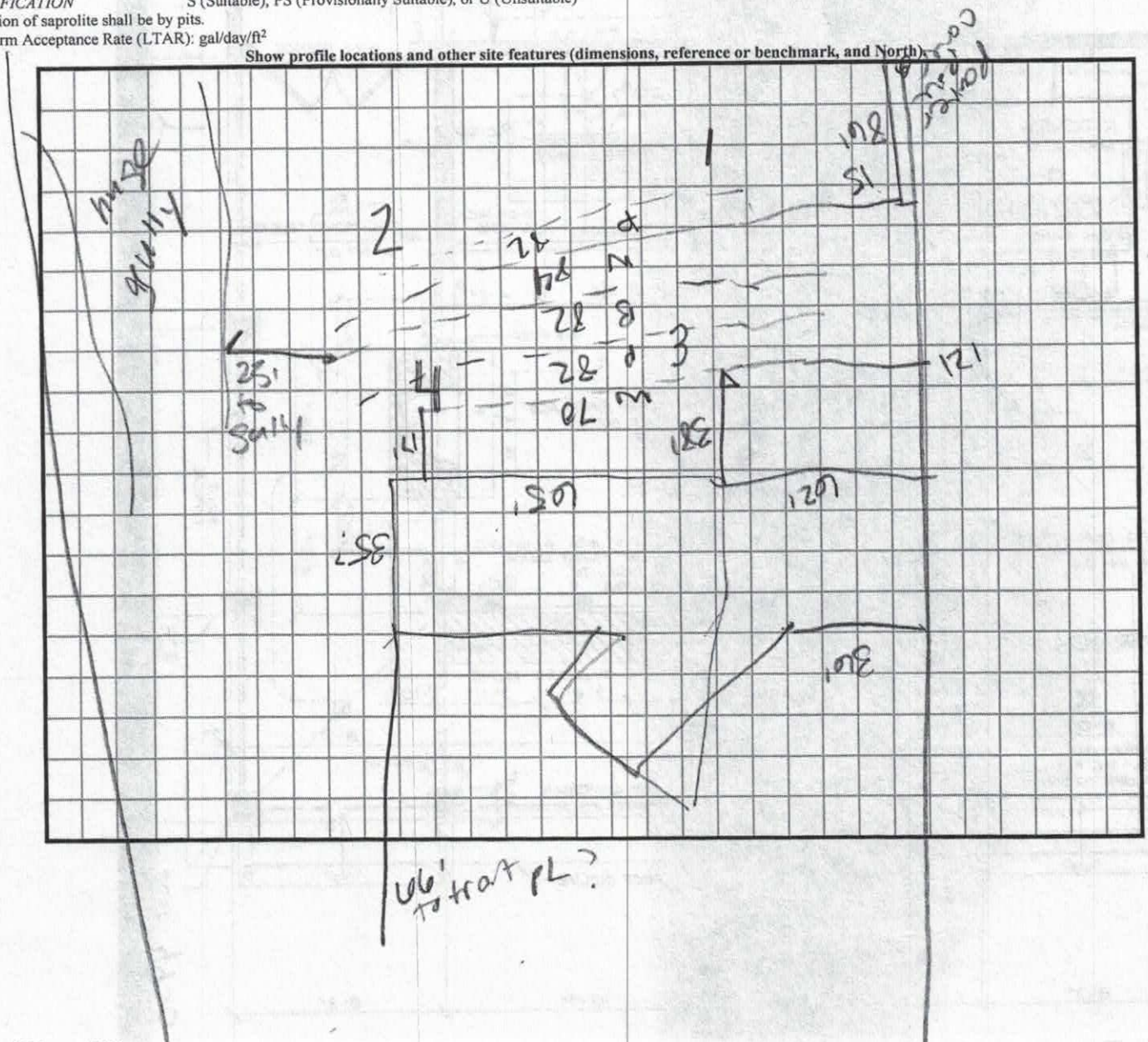
***NOTES***

| | |
|---|---|
| *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).**



#2958536
6·19·19
$500.69

Please CALL prior to inspection

Name: Bart Abernathy
Number: 704-309-8626

**FILLED OUT COMPLETELY & BE LEGIBLE**
**ILL NOT BE PROCESSED**

**Department – Environmental Health Division**

**PAGE 1: *APPLICATION FORM***

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Jeremy + Patricia Hapes Address: 124 Jacobs Woods Circle Zip: 28166
Applicant Email: jhapes76@gmail.com Phone: 704-775-0248 Alt. Phone: 704-775-0249
Owner Name: Jeremy + Patricia Hapes Address: 124 Jacobs Woods Circle Zip: 28166
Owner Email: jhapes76@gmail.com Phone: 704-775-0248 Alt. Phone: 704-775-0249

**Property Information:**

Street Address: 553 Morrison Farm Rd Troutman, NC 28166
Subdivision Name: Falls Park Section/Phase: P3C Lot Number: 27
Driving Directions: Morrison Farm Rd, Past big power lines on the East side of Road

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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 (X) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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:** _____ 6-19-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
Bart Hapes 6-19-19

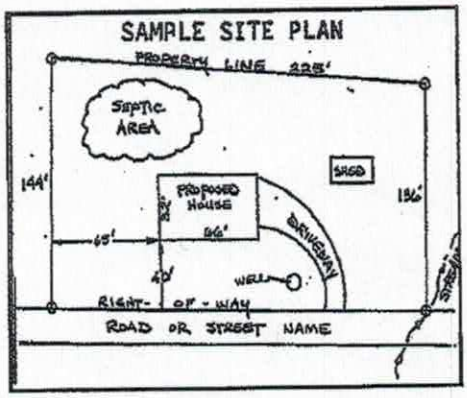
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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:**

- (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
- (X) Preferred well location City Water
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

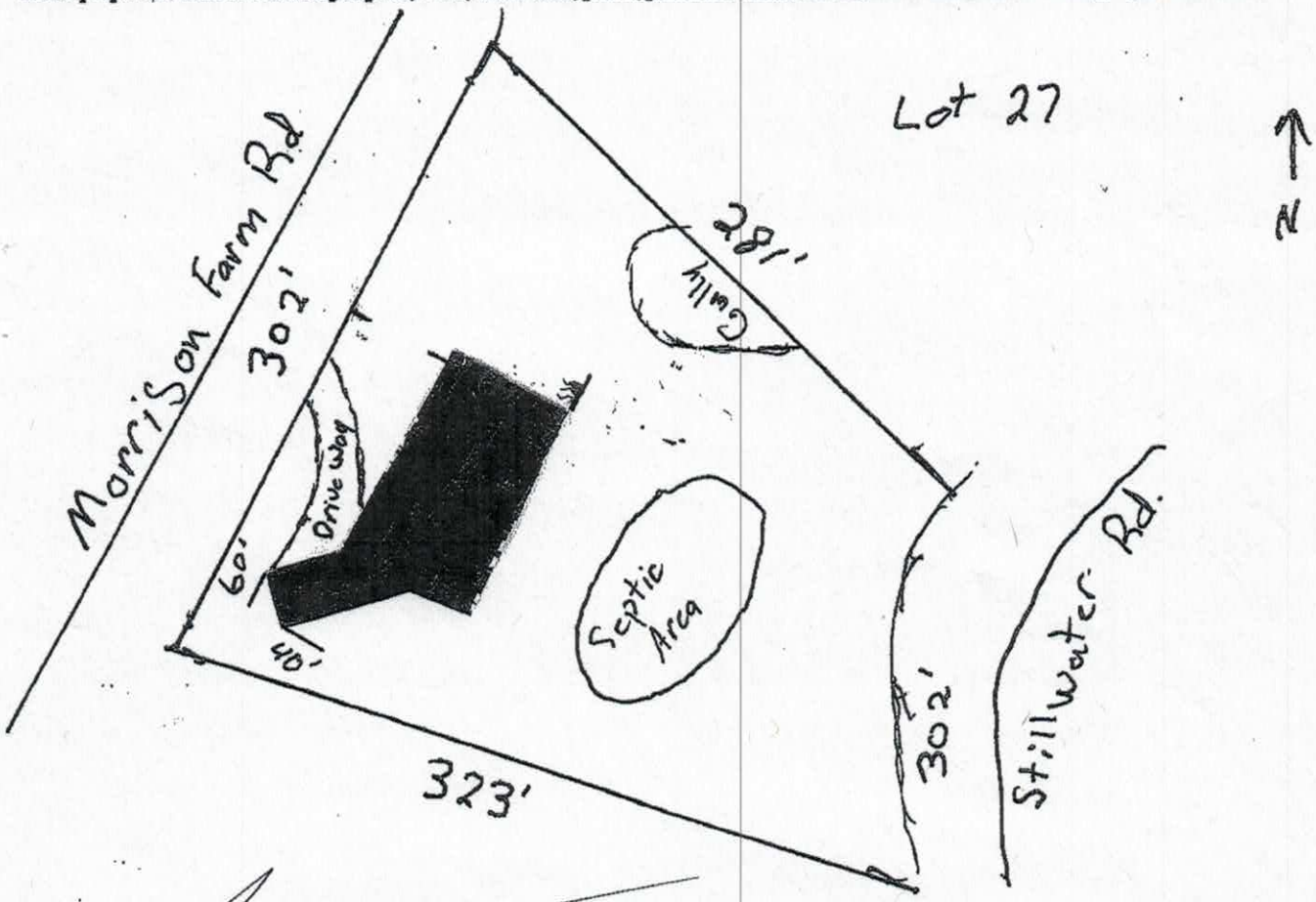



**Circle N/A on the following if appropriate:**

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:** _____ 6-19-19

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

6-19-19

# 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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, 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.

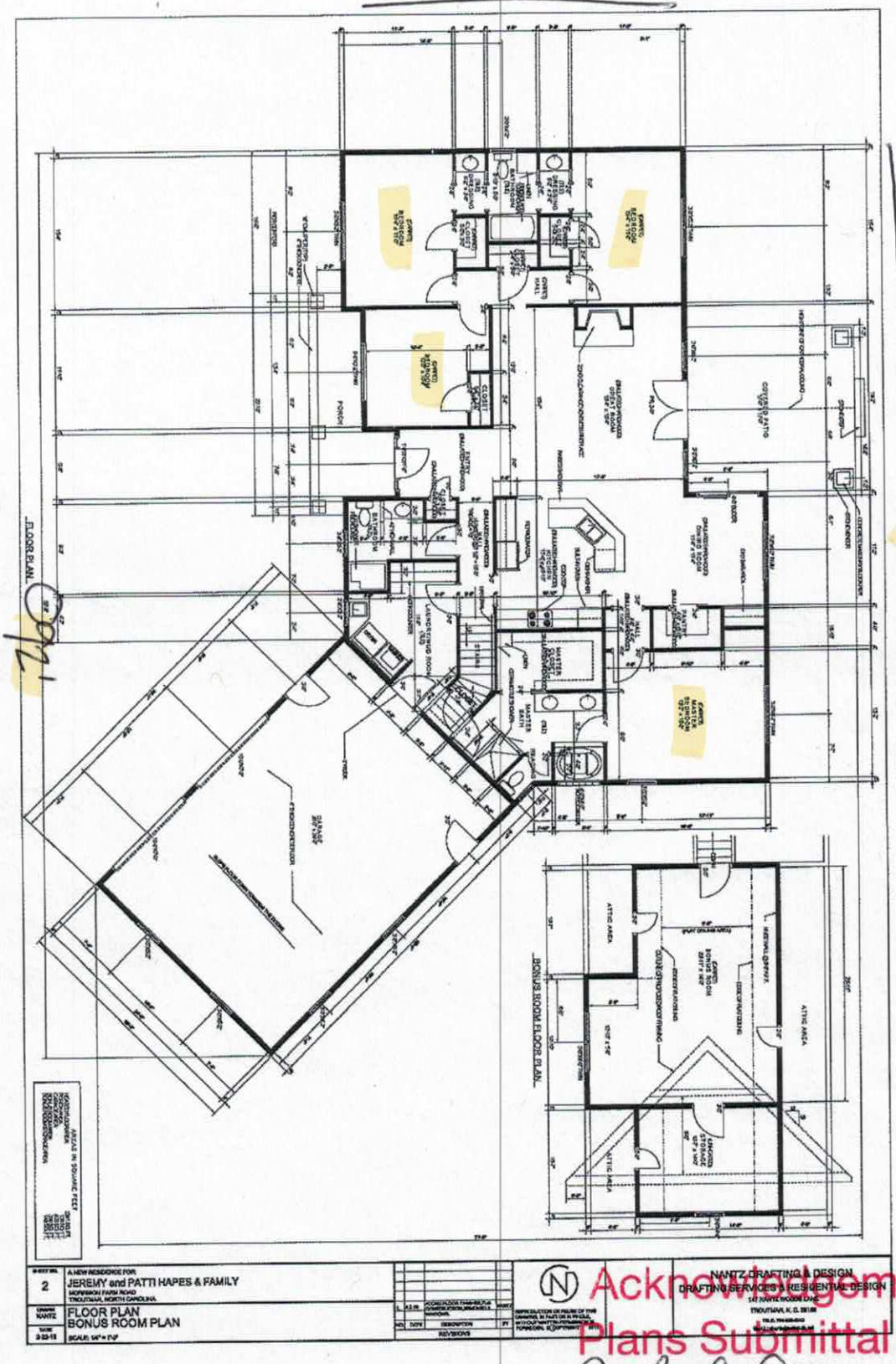
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 6-19-19
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




| | | |
|---|---|---|
| 2 | A NEW RESIDENCE FOR: JEREMY and PATTI HAPES & FAMILY<br>MORRISON FARM ROAD<br>TROUTMAN, NORTH CAROLINA | NANTZ DRAFTING & DESIGN<br>DRAFTING SERVICES & RESIDENTIAL DESIGN<br>147 WAKE ROBIN DRIVE<br>TROUTMAN, N. C. 28166 |
| DRAWN: NANTZ<br>DATE: 2-23-18 | FLOOR PLAN<br>BONUS ROOM PLAN<br>SCALE: 1/4" = 1'-0" | |

Acknowledgement Of Plans Submittal ONLY!

Carla C. Cave Date 6-26-19

Date 6-27-19

Zoning Permit # 2458360 See reverse for new construction.

Fee $ 45.00 Code 104

## Zoning Permit

| | | | | |
|---|---|---|---|---|
| LOCATION | Date (mm/dd/yy) | 06-18-19 | Tax Parcel # | 4629757164 |
| | Business Name or Property Owner | Jeremy & ~~Father~~ Patricia Hopes | | |
| | Street Address & Lot Number | 553 Morrison Farm Rd Troutman NC 28166 | | |
| | Business Type and/or Project Description | New Home Construction | | |
| APPLICANT | Applicant | Patricia Hapes | Preferred Phone | 704-715-0249 |
| | Address City/State/Zip | 124 Jacobs Woods Circle Troutman NC 28166 | | |
| | E-Mail | phapes76@gmail.com | | |
| | Would you like your e-mail address added to: (check any of interest) | ☒ The Whistle Stop (Town of Troutman newsletter)<br>☐ Troutman Business Council (Local Chamber of Commerce)<br>☐ Sunshine List (Agenda for Town Board Meetings) | | |

**Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).**

**Office Use Only**

| | | | |
|---|---|---|---|
| Zoning District(s) | RS | TL ☐ ETJ ☐ | Plans Attached: Yes ☑ No ☐ |
| Utilities | Public WA \| Septic | | Floodplain: Yes ☐ No ☑ |
| Permitted Use of Property | SFR | | |
| Minimum Setback Requirements | Front 25', Rear 25', Left Side 15', Right Side 15'<br>*Setback measured from nearest projecting point of structure to Property Line.* | | |

**Comments:** Home should be parallel with Street or front lot line. 10% of tract plus each residential lot must have at least one large canopy tree per 5,000 square feet. At a minimum, 50% of the required trees must be located in the front yard. The preservation of existing healthy trees is preferred to new plantings.

**I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.**

**Signature of Applicant**

**To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.**

Danielle Wyatt

**Signature of Zoning Administrator**