IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242760

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

PIN # 4629-78-~~3811~~ 3831

APPLICANT/OWNER: Mary C. Brooks APPLICANT ADDRESS: 398 Wildlife Rd. Troutman, NC 28166

SITE ADDRESS: 398 Wildlife Rd. Troutman, NC 28166 PHONE: 803-526-1057 ALT. PHONE

SITE DIRECTIONS: Perth Rd → State Park Rd → L on Wildlife Rd → House on Right SAP CONTROLLED: ☐ YES ☒ NO

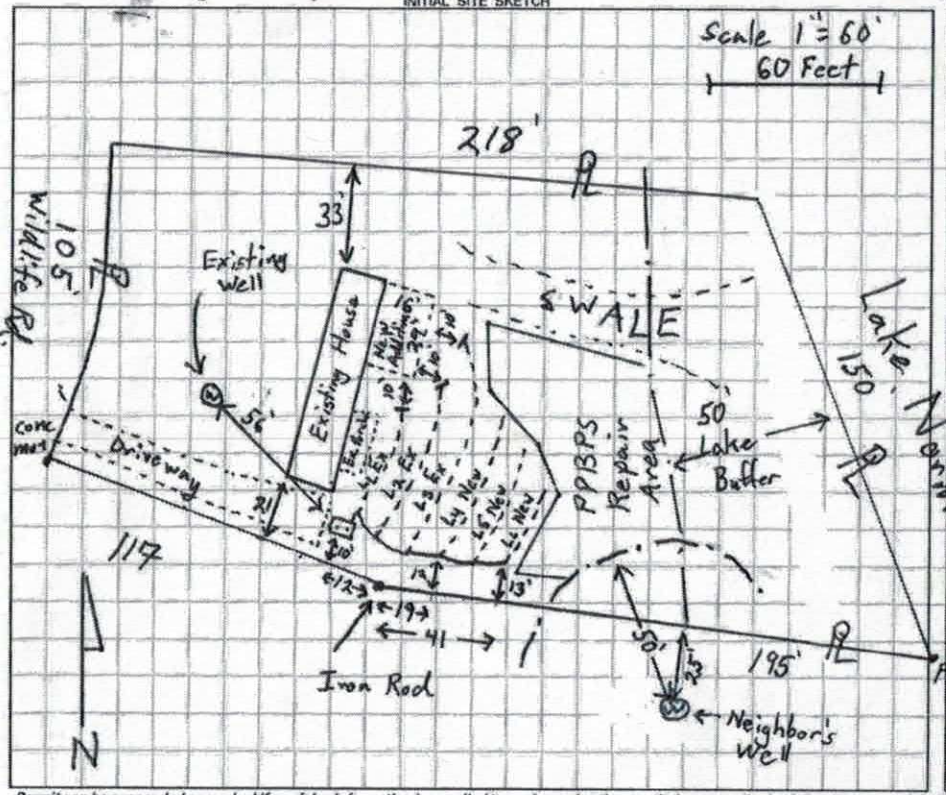
SUBDIVISION: CL+T SECTION: 18 LOT # 800 LOT AREA: 0.71 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (Existing) (gal)	STB	—	Date	—	☒ 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: Existing + 25% Reduction (Serial Distribution) Relocation		☐ Business	No. Persons	6	☒ Private Existing
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction (LPP-PPBPS)		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	93	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	*30"*	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Though 103 l.f. of new drainfield has been laid out, only 93' is required. Extra space to be set aside for future repair area. Convert existing D-Box (parallel distribution) with drop boxes (serial distribution)

Existing 3 lines must terminate 10' from the addition to ensure setbacks are met.* Recommend pumping septic tank every 3-5 years. Replace tank if needed. (same location)

INITIAL SITE SKETCH



AS BUILT SKETCH

*Earth dams must be created at termination points of existing drainfield lines

L1 (Ex) 32 }
L2 (Ex) 47 } Gravel Lines
L3 (Ex) 68 }
L4 (New) 42
L5 (New) 40
L6 (New) 21

Installed Quick Gas Shown (installed 100ft)

Did abandon existing 3 lines as Stated

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: Mary Brooks Date: 5-17-19 Installed by: Hallman Construction

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/16/2019 OPERATION PERMIT by: Maina Dotson Date: 6/5/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/16/2019 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th[illegible]ction 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 #: 4629-78-35
COUNTY: Franklin

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

System Relocation (Map on back)

OWNER: Mary C. Brooks
ADDRESS: 398 Wildlife Rd. Trenton NC 28585
PROPOSED FACILITY: 3 BR SFR
LOCATION OF SITE: 398 Wildlife Rd Trenton NC 28585

APPLICATION DATE 3/8/2019
DATE EVALUATED: 5/8/19
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.71 acres
PROPERTY RECORDED: Yes 1984

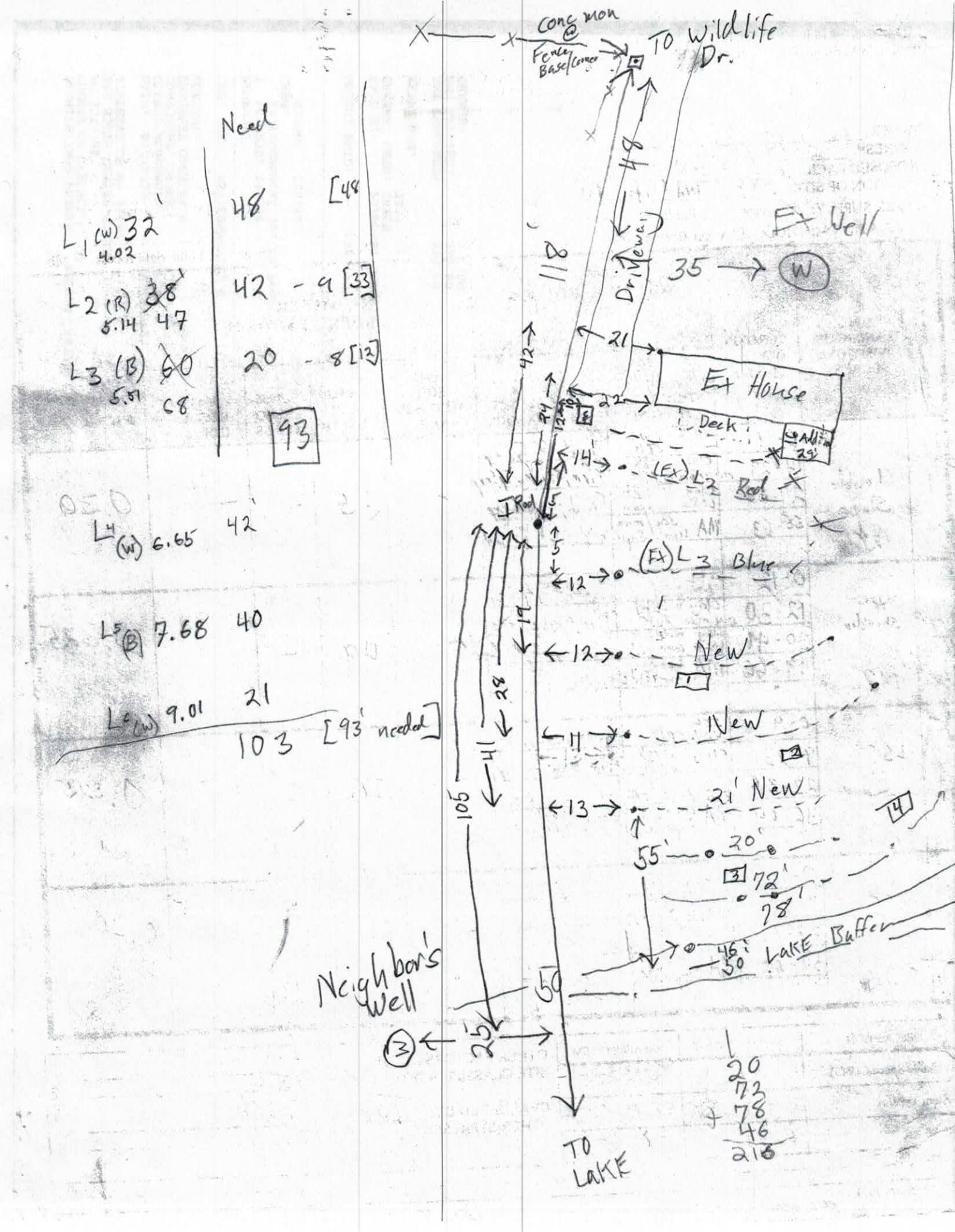
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Existing
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	Shoulder Slope 12%	0-14	SCL v.w. SBK	SI. Friable, SS, Sp, Sap	—	55"	—	—	0.30
		14-29	clay w. SBK common m ABK	SI. Firm, Sticky, Sp, Sap					
		29-55	clay w. SBK Loam common	Friable SS, Sap					
		55-63	MA Loamy Sap/ mica Saprolite	very Friable + well Drained					
2	Upper Shoulder 14%	0-12	SCL v.w. SBK	SI. Friable, SS, Sp, Sap	—	49	—	—	0.325
		12-30	clay w. SBK gne mica ABK	SI. Firm, sticky Sp, Sap					
		30-49	clay w. SBK Loam common SAP	Friable, SS Sp, Sap					
		49-66	MA Loamy Saprolite	very Friable + well Drained					
3	LSS Repair	0-9	SCL v.w. SBK	SI. Friable SS, Sp, Sap	—	36	—	—	0.325
		9-23	clay w. SBK w. ABK	SI Firm, Stick, Sp, Sap					
		23-36	Clay v.w. SBK Loam Abundant SAP	Friable, SS Sp, Sap					
		36-64	MA Loamy Saprolite	very Friable + well Drained					
4	LSS Repair	0-11	SCL v.w. SBK	SI. Fr, SS, Sp, Sap	—	50	—	—	0.30
		11-22	clay m. SBK w. ABK common mica	SI Firm Sticky Sp Sap					
		22-50	clay w. SBK Loam coarse mica	Sap Friable SS, Sp, Sap					
		50-68	MA Loamy Saprolite	very Friable + well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex + 103 l.f.	216 + L.F.
System Type(s)	25% Reduction	50% Red (Sidewall panel)
Site LTAR	0.30	0.325

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:


Conc mon @ Fence Base/corner
TO Wildlife Dr.
Need
48 [48
42 - 9 [33]
20 - 8 [12]
93
L1 (W) 32' 4.02
L2 (R) ~~38~~ 47 5.14
L3 (B) ~~60~~ 68 5.51
L4 (W) 6.65 42'
L5 (B) 7.68 40
L6 (W) 9.01 21
103 [93' needed]
Ex Well
35 → W
Dr. (Newer)
Ex House
Deck
Addition 25'
(Ex) L2 Red
(Ex) L3 Blue
New
New
21' New
Neighbor's Well
TO LAKE
46
50 Lake Buffer
20
72
78
+ 78
46
216

RECEIVED MAR 1 1 2018

Paid $250.00 #242760

126500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: MARY C BROOKS Address: 398 WILDLIFE RD, TROUTMAN Zip: 28166

Applicant Email: mcbain3342@aol.com Phone: 803-526-1057 Alt. Phone: 843-333-6963

Owner Name: MARY CECE BROOKS Address: SAME Zip: _____

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

Property Information:

Street Address: 398 WILDLIFE RD, TROUTMAN, NC 28166

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: TURN LEFT OFF STATE PARK RD ONTO WILDLIFE RD JUST BEFORE ENTRANCE TO PARK - MOBILE HOME IS ON RIGHT AFTER 1 MILE

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1986
( ) 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: Mary Cece Brooks 3/8/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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)* Mary Cole Brooks

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.

_____ _____

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

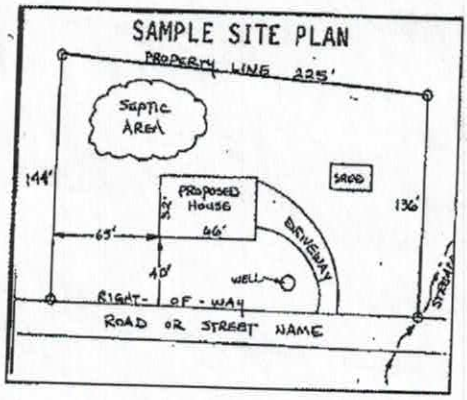
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: Mary Cole Brooks
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/8/2019
DATE

05701

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 MARY CELE BAIN DATE 11-28-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Duke Power, State Park Rd. off Perth Rd. - T.L. on Dreamfield St. Crane Rd - go thru Subd 1st lot on (R) past 2 mobile homes. S. R. No. _____

SUBDIVISION NAME CRESCENT LAND + TIMBER LOT NO. 802 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2-3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample - .75 acre

Character & Porosity of Soil Brown Sandy Clay.

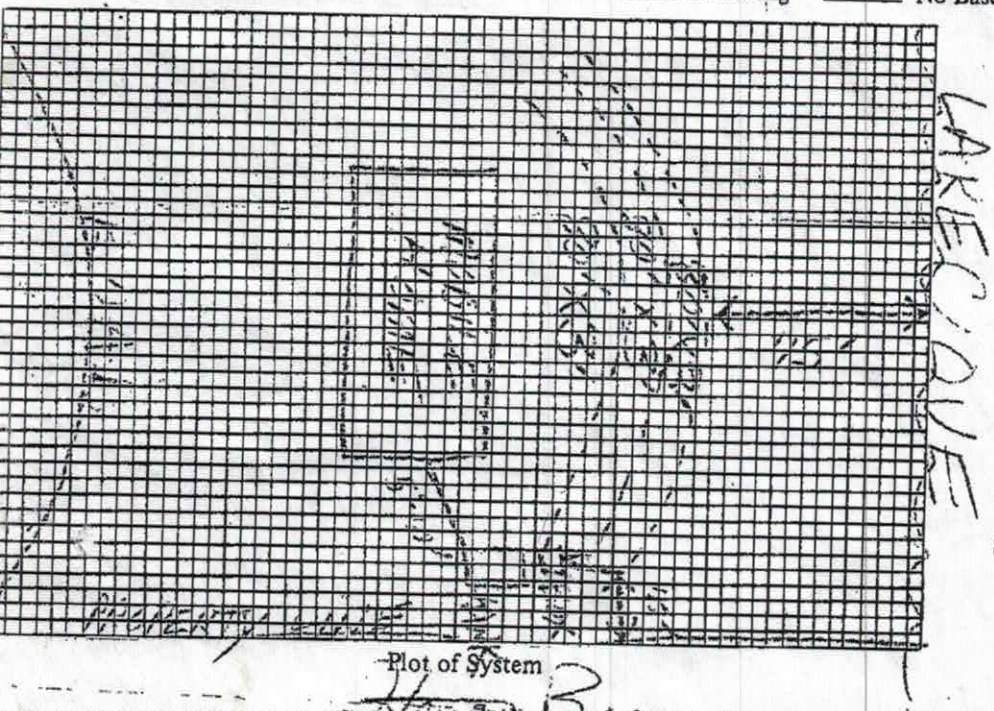
Percolation Rate 5 min. / 1 in.

Topography Rolling

Depth to Water Table 10'+

Rock or other impervious formations none encountered.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: X _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Clear trees for installation - Stay on grade with 3 lines - Stay 10' off property lines. Keep well at least 50' from S.T. system. 10'

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

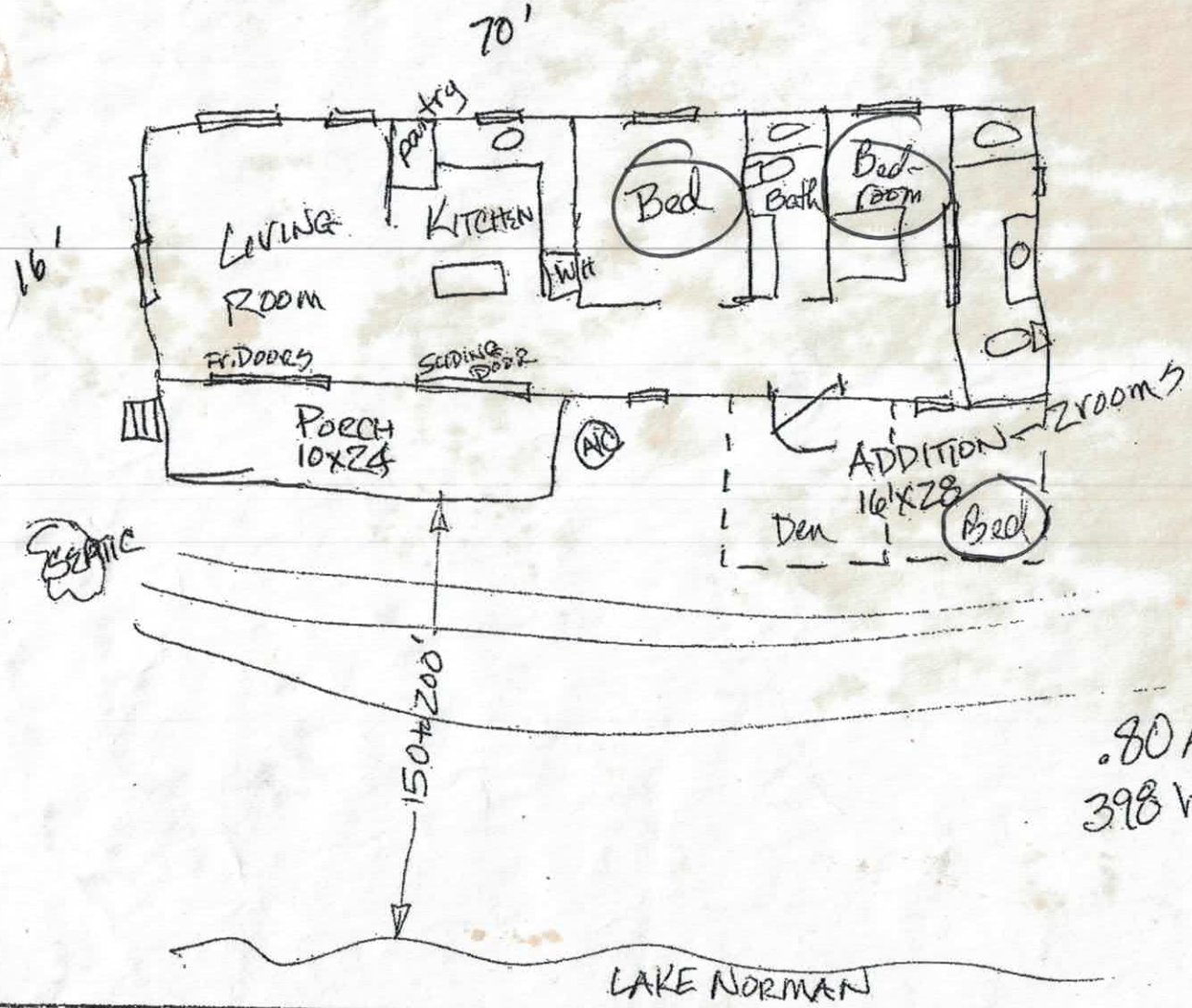
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Acknowledgement Of
Plans Submittal ONLY!

Mary Cole Brooks Date 3/8/2019

Tom Shuck Date 5/16/2019



.80 ACRE
398 WILDLIFE RD

IREDELL COUNTY

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

APPLICATION NUMBER
242760
Issue Date: 03/08/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4629783811.000	398 WILDLIFE ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BAIN MARY CECELIA	Applicant: BROOKS, MARY
Address: 4824 GILMORE DR	Address: 398 WILDLIFE RD.
CHARLOTTE, NC 28209	TROUTMAN, NC 28166
Phone:	Phone: 843-333-6963

Use Requested	Zone Code
EXISTING SYSTEM CHECK AND ADDITION	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

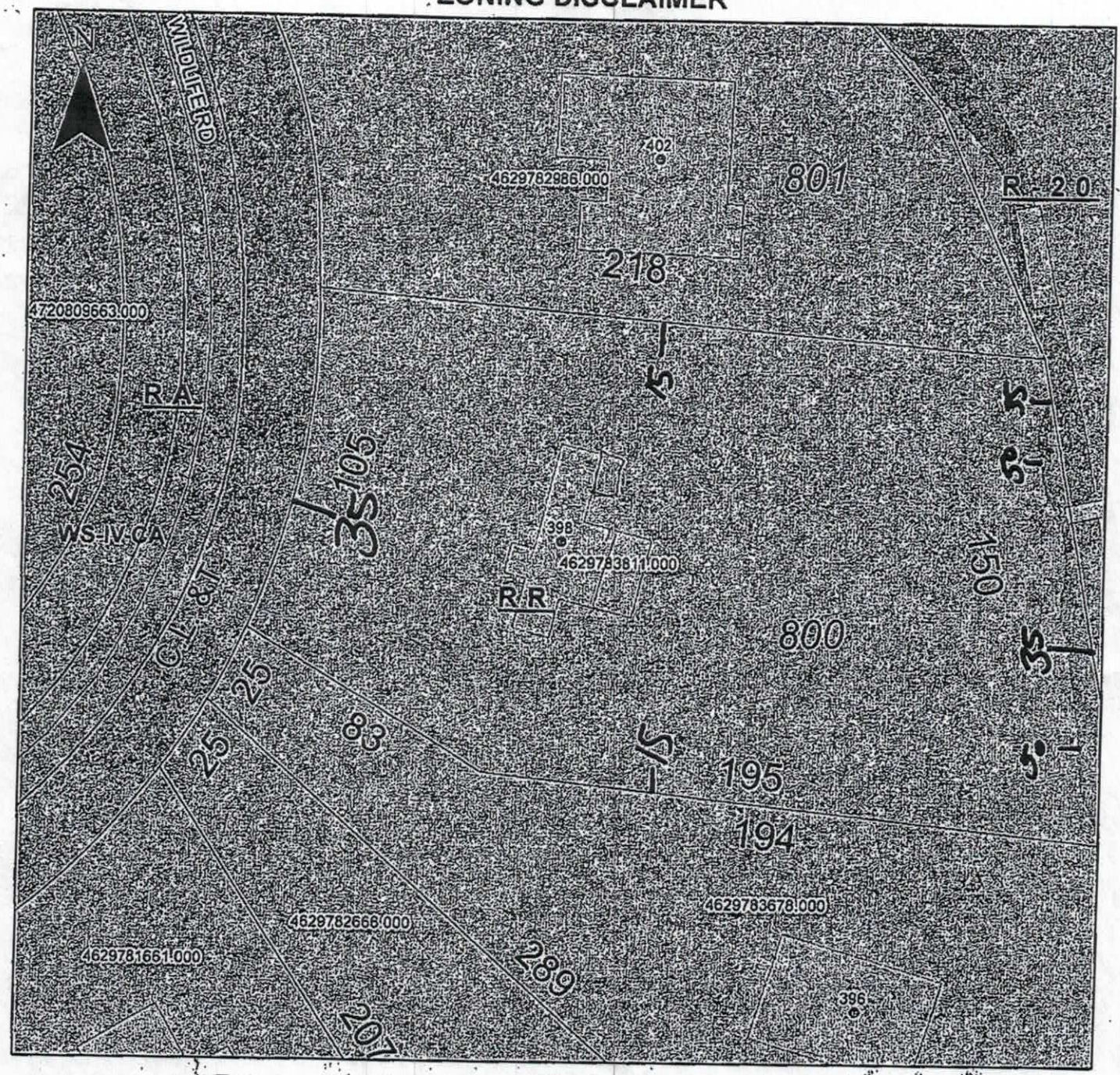
Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	169936	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 398 Wildlife Rd.

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. Applicant further acknowledges that the 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.

Mary Ellen Brooks
Applicant

3/8/2019
Date