MD

ICHD–ENVIRONMENTAL HEALTH DIVISION

(Statesville Office) (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-303151

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

PIN # 4629836687

APPLICANT/OWNER: Robert Hinson APPLICANT ADDRESS: 115 Pettit Ln. Troutman, NC

SITE ADDRESS: 115 Pettit Ln. Troutman, NC 28166 PHONE: 704-575-6120 ALT. PHONE —

SITE DIRECTIONS: State Park → L on Morrison Farm → L on Willow Point → L on Stillwater → R on Pettit → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T SECTION: 17 LOT # 46 LOT AREA: .76 ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 7/24/20
Pump Tank 1000 (gal) PT 283 Date 7/7/20
Pump Make Gould Model WF0512HH Serial # E204950
Nitrification Fields 1 # Lines 4@34' Linear Ft 136'
Trench Width 24" Trench Bottom Depth (Low side) MAX 30" Gravel Depth —

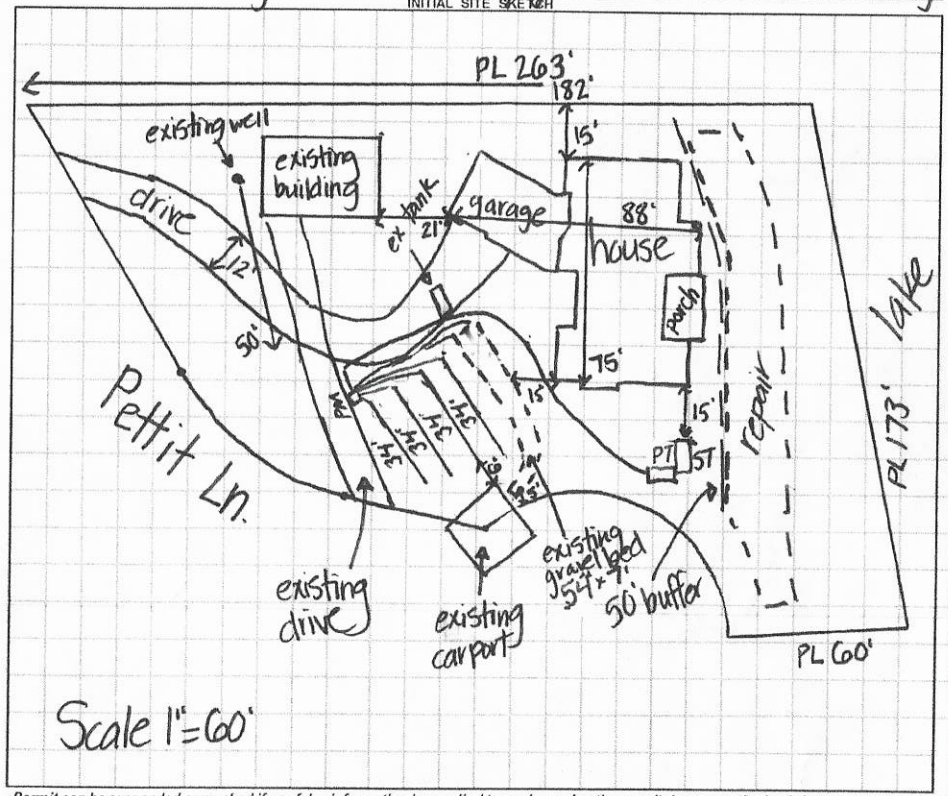
☐ New System ☐ Repair ☑ Expansion System Type: I II (III) IV V VI
System Description: PM PPBPS + existing gravel bed
Repair System Description: pretreatment drip/partial → 2 bedroom
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees —
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Supply line must be buried >30" under drive or sleeved in ductile iron. Pump crush, and fill existing septic tank. Variance for existing well was previously granted to encroach on existing building. Feed existing bed with 2 taps each at 3/4 sch 80. Tap size for new lines (4 taps) 1/2 sch 40. dosing volume: 164.34 gal draw down: 7.8 pressure head: 2'

INITIAL SITE SKETCH



AS BUILT SKETCH

Red filter, ST 16ft to house
8/28/20 Check tanks, lines & set pressure. MD
Installed as drawn

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: Robert Hinson Date: 12-31-19 Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Kayla Watson Date: 12-31-19 OPERATION PERMIT by: Patrick J. Boyle III Date: 11-19-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 12-31-19 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.

	Date	Initials
Drain Lines Checked	8/28/20	MD
Tanks Checked	8/28/20	MD
Pressure Manifold or Valve Box Checked	8/28/20	MD
Pressure Head Set	8/28/20	MD
Electrical Checked	11/19/2020	PJB
Floats Set	8/28/20	MD
Alarm Checked	11/19/2020	PJB
Maintenance Contract Y / N		

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

Sheet 1 of 1
PROPERTY ID #: 462983606687
COUNTY: Iredell

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

OWNER: Robert Hinson
ADDRESS: 115 Pettit Ln
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: State Park → L on Morrison Farm → L on Willow Point → L on Stillwater → R on Pettit → lot on L

APPLICATION DATE 12-4-19
DATE EVALUATED: 12-12-19
PROPERTY SIZE: .76ac
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	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	5% FS	0-9	fill	—	36-48 few YB mottles	9-48	—	36" water pouring into pit	PS .125 drip
		9-36	SBK C	Fr, SS, SP, SE					
		36-48	WSBK CL	Fr, SS, SP, SE					
2	4% LS	0-10	WSBK SCL	Fr, SS, SP, SE	42-48 few YB mottles	48	—	—	PS .3 (up to 42")
		10-42	SBK C	Fr, SS, SP, SE					
		42-48	WSBK CL	Fr, SS, SP, SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	V
Site LTAR	.3	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

AP 303151

12-4-19

$500.00

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

Iredell County Health 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: Robert Hinson Address: 115 Pettit Lane Zip: 28166

Applicant Email: rhinson4@mac.com Phone: 704-575-6120 Alt. Phone: _____

Owner Name: Robert Hinson Address: same Zip: _____

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

Property Information:

Street Address: 115 Pettit Lane Troutman, NC. 28166

Subdivision Name: None Section/Phase: _____ Lot Number: _____

Driving Directions: Morrison Farm- To Willow Point, turn left - First Rd on Left. Stillwater- Turn left - Pettit 100 yrds on Rt.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2882 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: 1974 ish
( ) 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: Robert E. Hinson Jr 12-4-2019.
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

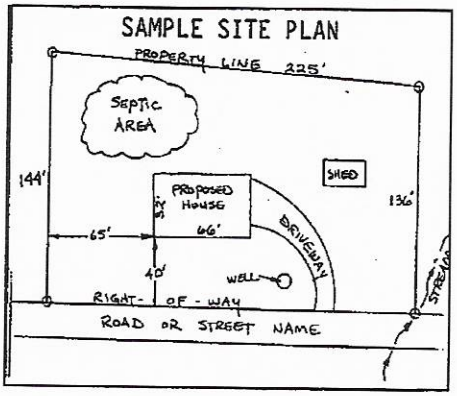
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

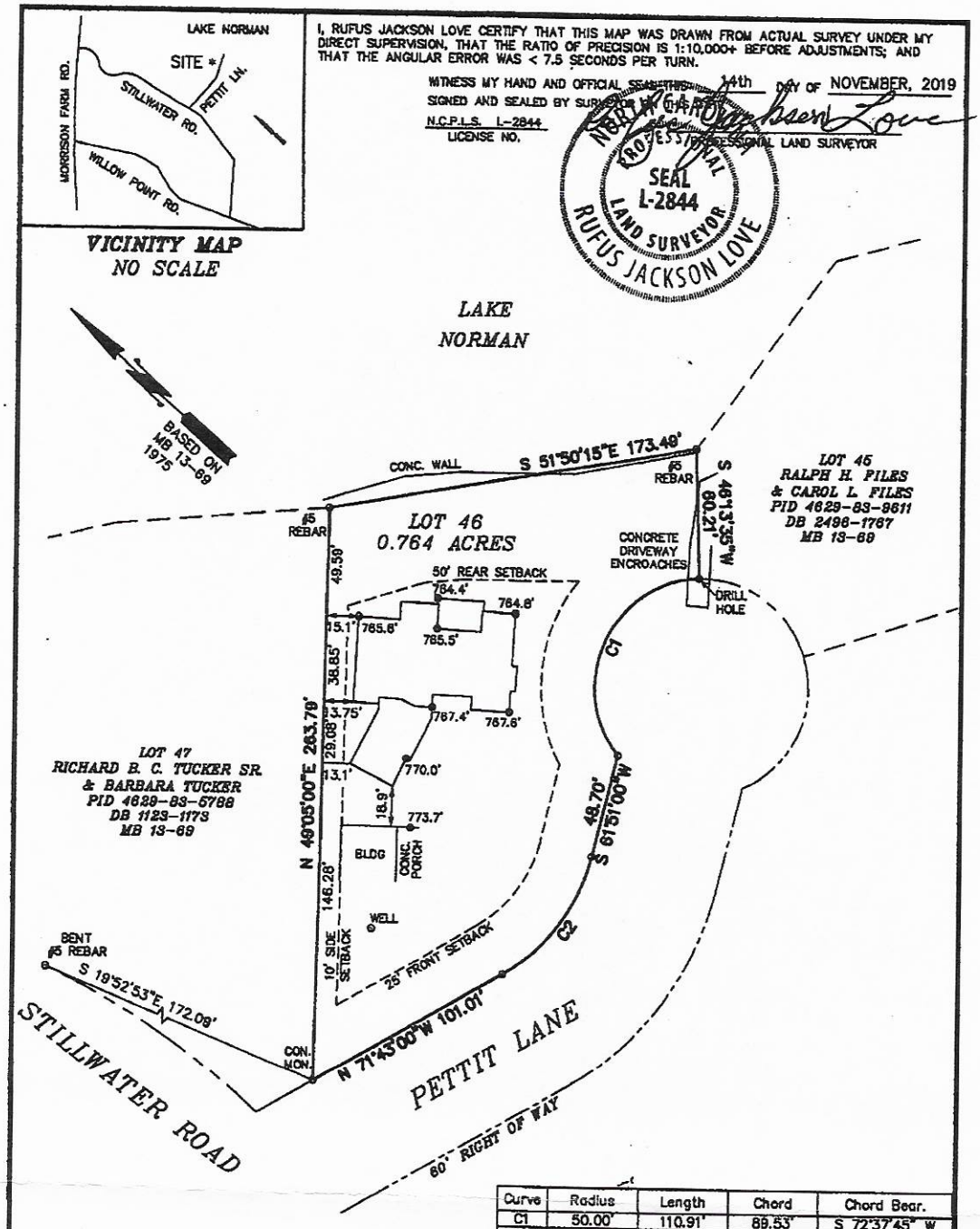
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Robert Hinson Dec 4, 2019

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

See attached.



Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	110.91'	89.53'	S 72°37'45" W
C2	86.54'	70.13'	68.23'	S 85°02'00" W

HOUSE PLACEMENT

FOR ROBERT E. HINSON & WIFE SANDY BAXLEY HINSON

115 PETTIT LANE
LOT 46, MB 13-69
DEED BOOK 2564-1938, PIN 4629-83-6687
DAVIDSON TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
DECEMBER 14, 2018

REVISED: HOUSE PLACEMENT TO DIG FOOTERS. 11-13-19

FILE NAME: HINSON-ROBERT

60 0 60 120 180

GRAPHIC SCALE – FEET 1" = 60'

NOTES:

1. THIS PROPERTY IS NOT LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NGS GRID MONUMENTS WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.
7. THIS PROPERTY IS CURRENTLY ZONED R-R.
8. SETBACKS FOR R-R ZONING ARE: FRONT – 25'
   SIDE – 10'
   REAR – 35'

LEGEND:

- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- BACK OF CURB/EDGE OF PVMT.
- SETBACK LINE
- CP COMPUTED POINT
- PP POWER POLE

PYRAMID LAND SURVEYING PA C-1341
P.O. BOX 11 DAVIDSON, NORTH CAROLINA
(704)892-4849 RUFUS JACKSON LOVE L-2844

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 241050

APPLICANT/OWNER: Robert Hinson Jr

APPLICANT ADDRESS: 199 Timber Lake Dr Troutman

PIN # 4629-83-6687

SITE ADDRESS: 115 Pettit Lane Troutman 28166

PHONE: ALT. PHONE

SITE DIRECTIONS: Shelton Park Road L on Morrison Farm L on Willow Point L on Still Water

SUBDIVISION: CL+T

SECTION: 17 LOT # 46 LOT AREA:

WAP CONTROLLED: ☐ YES ☐ NO

DESIGN FLOW: Existing L.T.A.R.: Existing

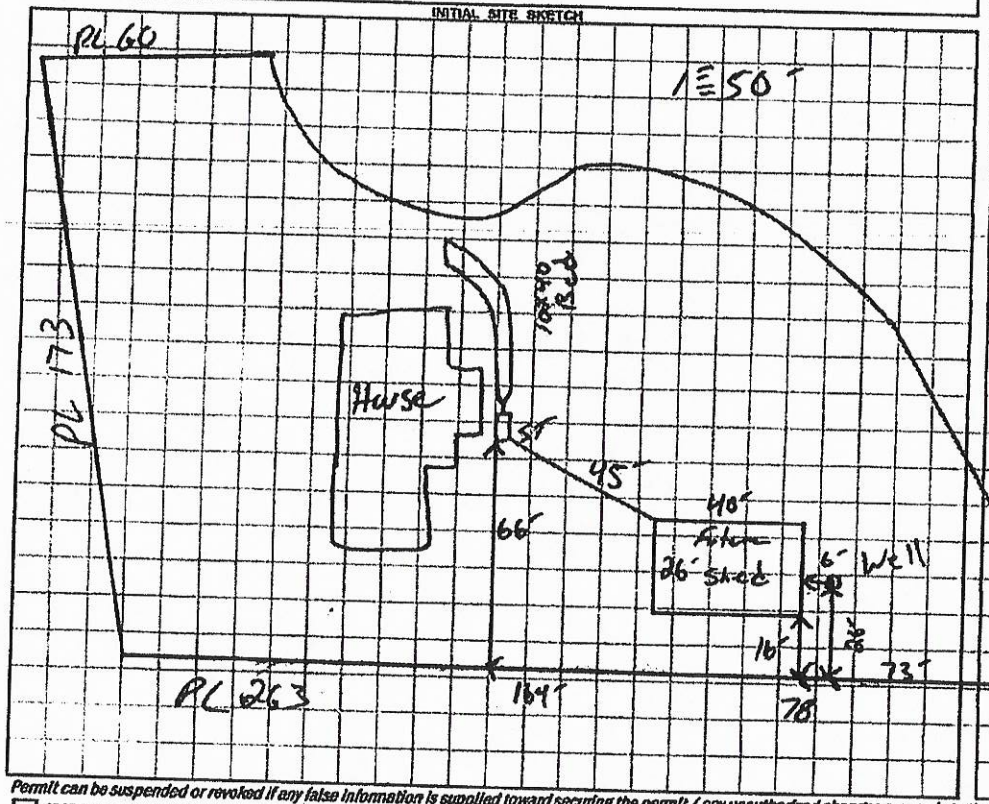
Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Numication Fields	# Lines		Linear Ft	Maintenance Agreement Required:		☐ YES	☐ NO	☐ Slab	☒ Crawl Space
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth			☐ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System was functioning properly at time of Inspection.

Variance for well is attached.

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: Robert E. Hinson Jr Date: 1/11/19

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date: 1-11-19

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.

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)* Robert E Hinson Jr

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.

_____ _____

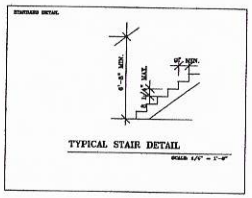
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

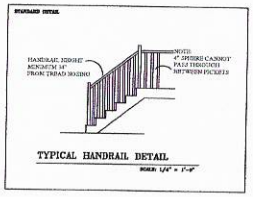
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

PLAN NOTES:

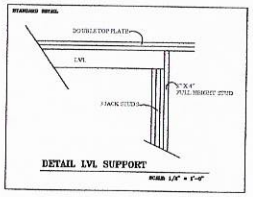
1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION
   RECOMMENDED LOCATIONS ARE AS FOLLOWS:
   THE WATER HEATER MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE GARAGE.
   H.V.A.C. UNIT 1: MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE ATTIC FOR ONE STORY HOUSES, IN THE CRAWL SPACE FOR TWO STORY HOUSES AND BATHS FOR THE SECOND FLOOR IN TWO STORY HOUSES.
   H.V.A.C. EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIECE OF EQUIPMENT AND IN NO CASE LESS THAN 22"X30".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION
4. INSULATE AROUND ALL BATHS AND TOILET ROOMS.
5. TYPICAL WALL (NOT @ 16" O.C. UNLESS OTHERWISE NOTED)
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME
8. ALL STUDS SHALL BE 16" TO C/L SPACED AT 2" ON CENTER UNLESS NOTED OTHERWISE



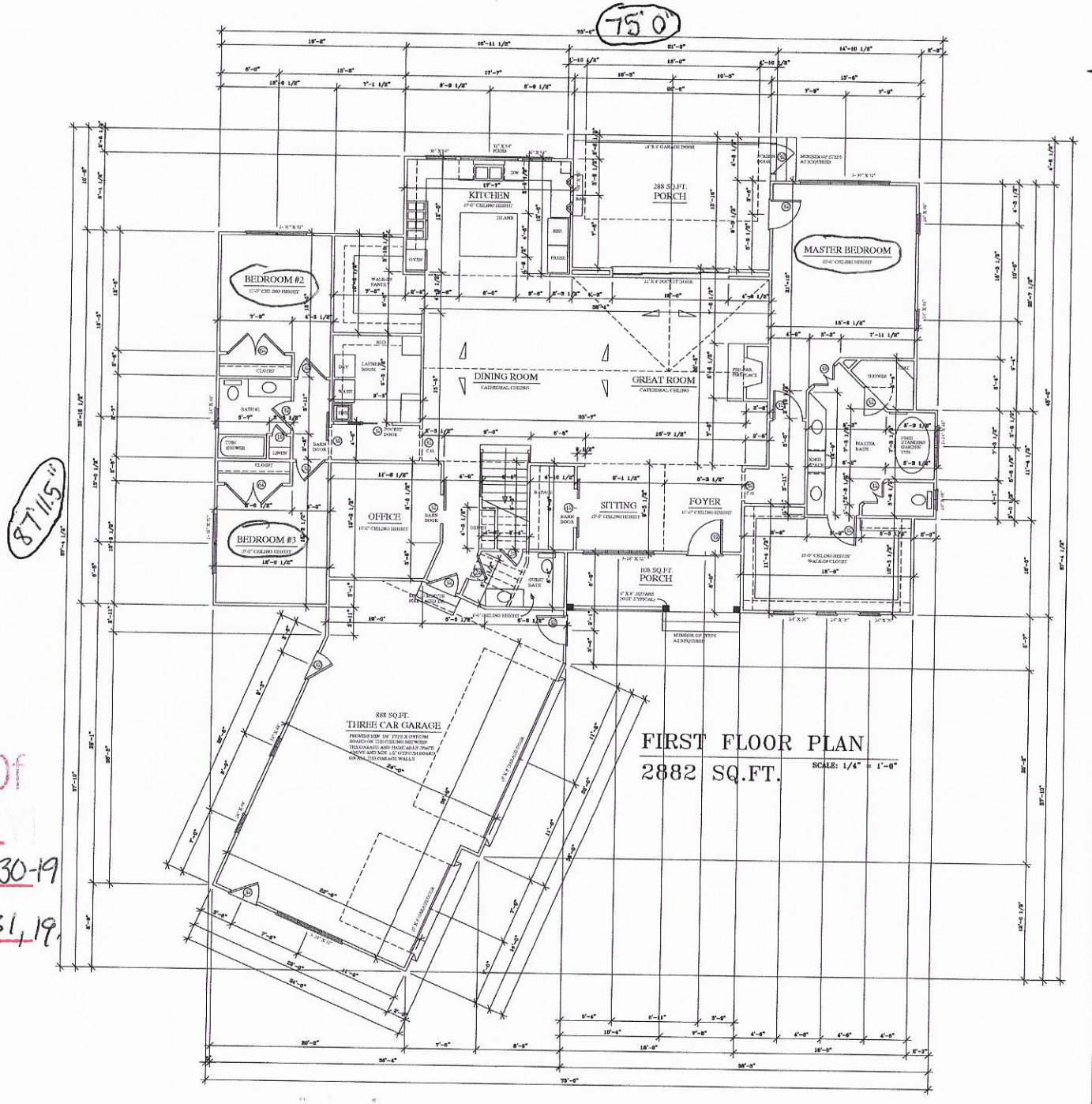
TYPICAL STAIR DETAIL



TYPICAL HANDRAIL DETAIL



DETAIL LVL SUPPORT



FIRST FLOOR PLAN
2882 SQ.FT.
SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONL
Kayla Wilson Date 12-30-19
Robert Hinson Date 12-31-19

NOTES:

ALL WINDOW AND DOOR HEADERS SHALL BE 2-2" X 10" MIN. (TYP.) UNLESS NOTED ON PLAN
ALL FLOOR JOISTS SHALL BE 2" X 10" @ 16" O.C. MIN. (TYP.) UNLESS NOTED
ALL CEILING JOISTS SHALL BE 2" X 4" @ 16" O.C. MIN. (TYP.) UNLESS NOTED
2 HOUR CEILING 1/2" MIN. GYPSUM BOARD
INSULATION R-60 FLOOR, R-13 BETWEEN WALLS, R-30 CEILING

Gray Design

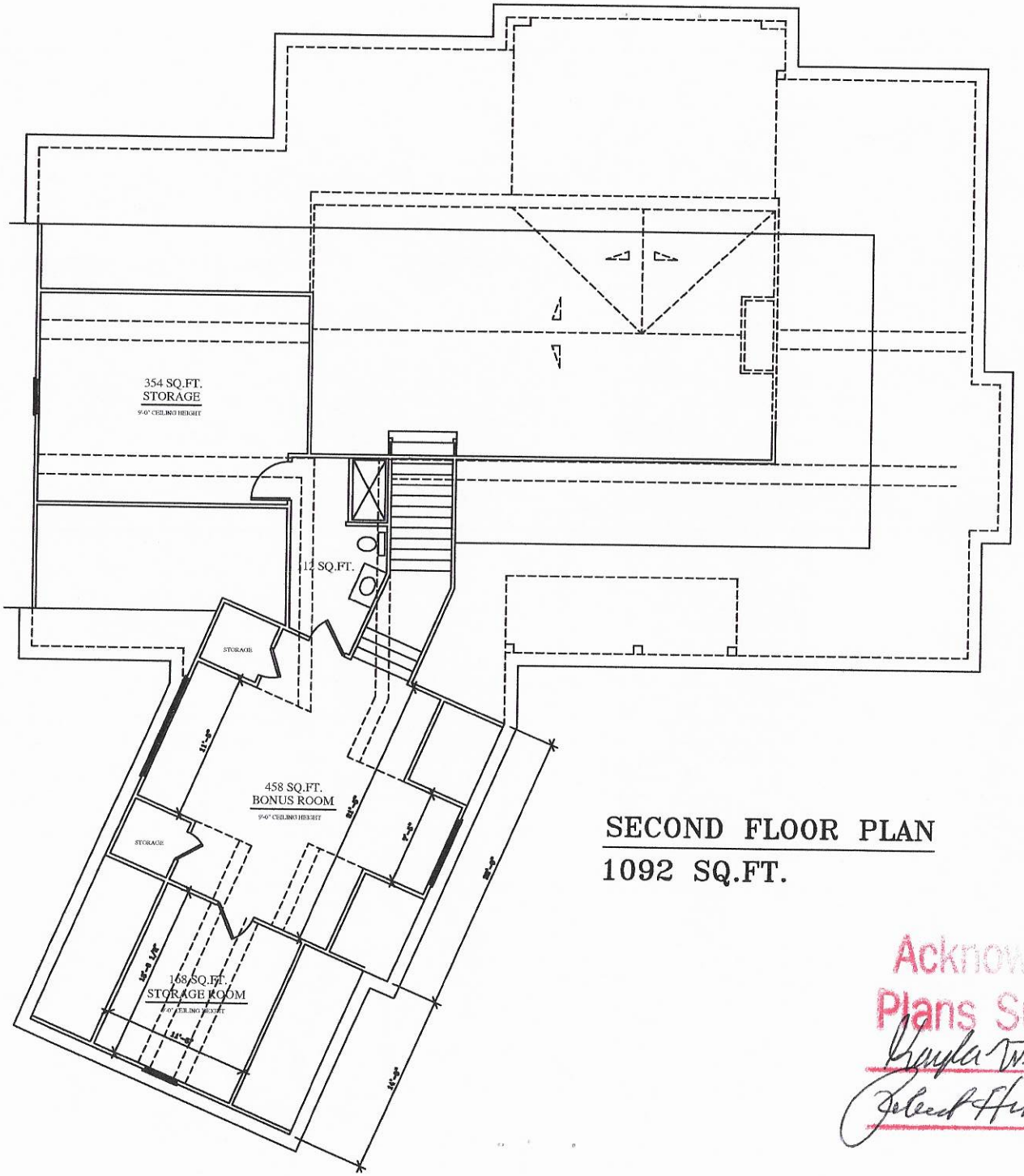
CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH OWNER AND DESIGNER. NOTIFY D. GRAY WILL ASSUME NO LIABILITY FOR ANY ERRORS OMITTED OR INCORRECT NOTES

PROJECT:
Hinson Residence

DATE: FEB. 27, 2019
REVISION:

FILE NUMBER
2018-HIN-SDR

SHEET:
4 OF 5



SECOND FLOOR PLAN

1092 SQ.FT.

Acknowledgement Of
Plans Submittal ONL
Kayla Watson Date 12-31-19
Jeleed Hinson Date 12-31-19

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
303151 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629836687.000	115 PETTIT LN	Troutman

Owner Information	Applicant Information
Name: HINSON ROBERT E JR+SANDRA B	Name: ROBERT AND SANDY HINSON
Address:	Address: 115 PETTIT LANE TROUTMAN, NC 28166
Phone:	Phone: (704)575-6120

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.76	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
ZONING PERMIT

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.

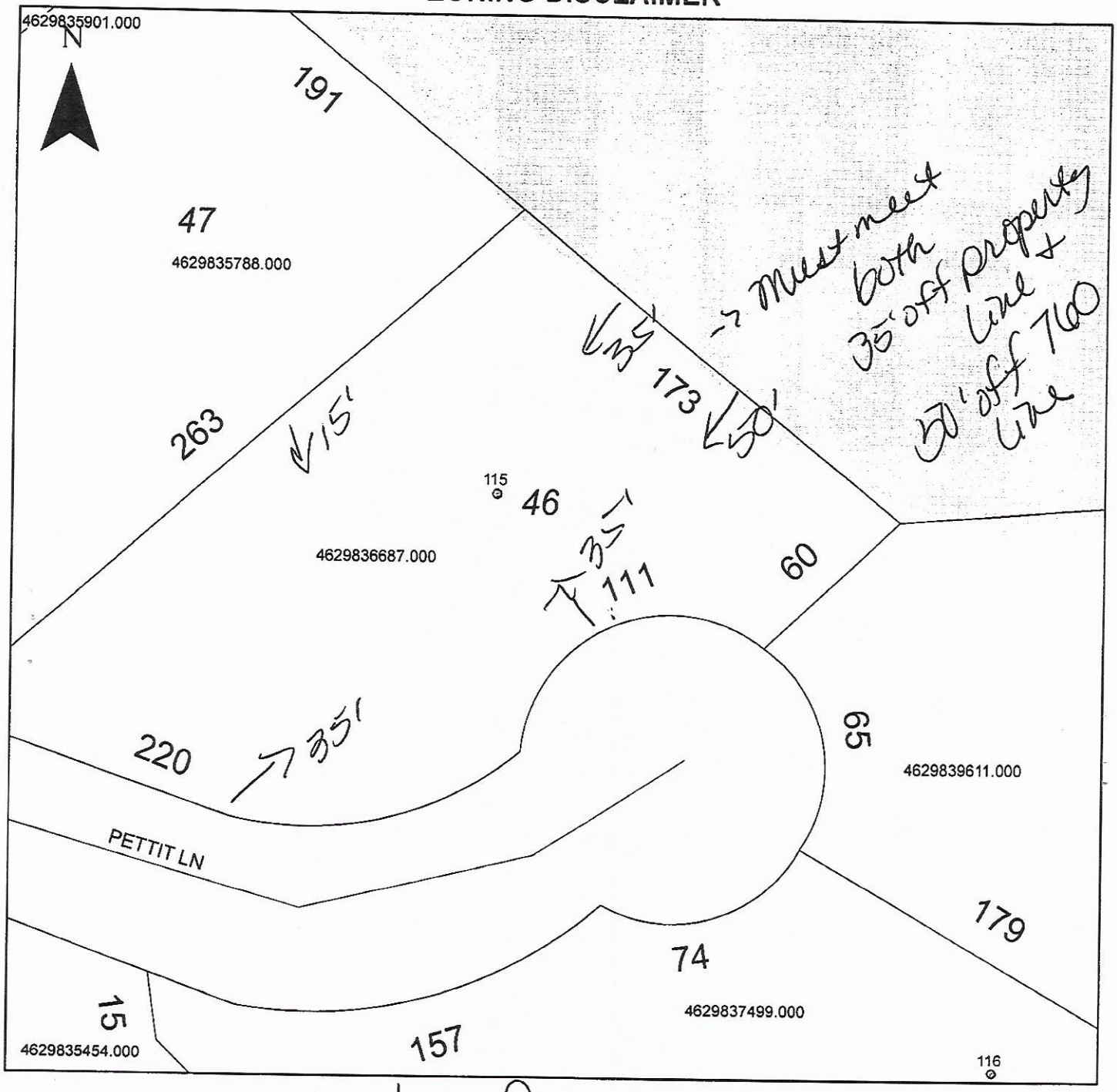
Signature of Owner/Contractor

Date: 12/04/2019

Permit Number	303151

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 115 Pettit

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.

Applicant

Date