Paid $135.00 1-3-14

Surfacing

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

201029

Application For: ( ) New Well Permit ( ) Well Repair Permit ~~( ) Well Abandonment~~

~~(X) Septic Improvement Permit~~ ~~(X) Authorization to Construct~~ ( ) Existing System Inspection (X) 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:

Applicant Name: Glenda P Hoyle **Address:** 6741 Hickory Ridge Rd. Harrisburg NC **Phone:** 704-451-2125

Owner Name: Hoyle Legacy Trust **Address:** 6741 Hickory Ridge Rd Harrisburg NC **Phone:** 704-455-212

Property Information:

Street Address: 9134 Triplett Rd. Mooresville

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

Driving Directions: #115 - Turn Right on Mazeppa Rd. - Corner - Mazeppa and triplett Rd

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: ~~X~~ 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

~~(X)~~ 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:** _____

(X) 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: Glenda P. Hoyle 1-3-14

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

IREDELL COUNTY HEALTH DEPARTMENT

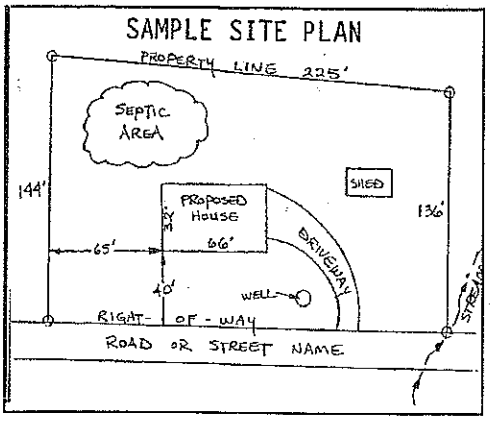
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) 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

See attached site Map

Signature: Glenda P. Hyde

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

1-3-14

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
201029
Issue Date: 01/03/2014

Permit Type: SEPTIC REPAIR APPLICATION

Parcel Number	Street Address	Jurisdiction
4679030399.000	2134 TRIPLETT	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: HOYLE LEGACY TRUST THE Address: 6741 HICKORY RIDGE RD HARRISBURG, NC 28975 Phone:	Applicant: HOYLE LEGACY TRUST THE Address: 6741 HICKORY RIDGE RD HARRISBURG, NC 28975 Phone:	Contractor: HOYLE LEGACY TRUST THE Address: 6741 HICKORY RIDGE RD HARRISBURG, NC 28975 Phone: License Type License Number

Project Description

REPAIR SEPTIC SYSTEM PERMIT

Scope of Work

Septic system failing

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	75.00
	SEPTIC SYSTEM REPAIR EVALUATE	Amount:	60.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 01/03/2014

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	4102	TOTAL FEES:	$ 135.00

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4679-03-0399
Lot #:
Permit #: 201029
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: GLENDA HOYLE
Applicant: SAME
Address: 6741 HICKORY RIDGE RD. HARRISBURG
Date Evaluated: 1/24/2014
Proposed Facility: SFR Design Flow (.1949) 360
Property Size: 6.198 AC
Location of Site: 2134 TRIPLETT RD.
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 3%	0-12	SL,W,SBK	NS		56"	NA	56+	.2
		12-48	YC,W,SBK	S					
		48-56	YC/RCL	S					
AB 2	LINEAR 3%	0-12	SL,W,SBK	NS		65"	S	65+	.3
		12-65	RC/CL	SS					
		65+	SLSAP	SS					
AB 3	LINEAR 3%	0-8	SL	NS		48"	S	60+	.2
		8-36	YC,W,SBK	S					
		36-48	Y/RC,W,SBK	S					
		48-60	SLSAP	SS					
PIT 1	LINEAR 7%	0-12	SL	NS	<CH2 @ 40"	60"	NA	40"	.2 TO 40"
		12-60	YC,W,SBK	S					

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		25% REDUCTION
Site LTAR		.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: ADRIAN PRUETT
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: ADRIAN PRUETT

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
File #:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 2	LINEAR 7%	0-48	RC/CL.M.SBK	SS		48"	NA	48+	.3
PIT 3	LINEAR 7%	0-48	RC/CL,M,SBK	SS	Y/BR MOTTLES	48"	NA	48+	.25
PIT 4	LINEAR 7%	0-48	RC/CL	SS	Y MOTTLES	48"	NA	48+	.25 >48" .2

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4679-03-34
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Glenda Hoyle APPLICATION DATE 1-3-14
ADDRESS: 6741 Hickory Ridge Rd Harrisburg NC DATE EVALUATED: 6-18-14
PROPOSED FACILITY: 3 BRM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 1.871 ac
LOCATION OF SITE: 2134 Triplette Rd Mooresville NC 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
P1	LSS 4%	0-12	B SCL Gr	Fr, SS, SP SEXP					PS
		12-40	RY C WFABK	Fr, S, P SEXP	many YB stripes	63"	-	-	.2 to 48"
		40-48	YR C/CL WFSBK	Fi, SS SP SEXP	few sap				.3 > 48"
		48-63	YR CL WFSBK	Fr, SS, SP SEXP	com/many sap				
P2	LSS 3%	0-12	B SCL Gr	Fr SS SP SEXP					PS
		12-36	BR C WFABK	Fi S P SEXP	many YB stripes				.2 to 36"
		36-68	R CL WFSBK	Fr SS SP SEXP	com sap + feldspar	68"	-	-	.3 > 36"
P3	LSS 4%	0-9	B SCL Gr	Fr SS SP SEXP					PS
		9-29	R C WFSBK	Fr SS SP SEXP	few YB	60"	PS	-	.25
		29-60	R CL WFSBK	Fr SS SP SEXP	com sap				.3 > 29"
		60-63	Var SL Sap M	Fr SS SP SEXP	com SL				
P4	LSS 5%	0-16	B SCL Gr	Fr, SS, SP SEXP					PS
		16-48	R C WF/MFABK	Fi, S, P SEXP	many YB				.2
		48-69	R CL WFSBK	Fr, SS, SP SEXP	com sap				.3 > 48"

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		48" Trench Conv.
Site LTAR		0.3 > 36"

OTHER FACTORS (.1946): Deep trench required
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ALP
OTHER(S) PRESENT: SC + Larry Beam

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4679033457
DATE OF EVALUATION: 6-18-14
COUNTY: Iredell

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
P5	FS 2%	0-8	B SCL Gr	Fr SS SP SExp		68"	–	–	PS
		8-14	LB SCL Gr	Fr SS SP SExp					
		14-30	YB C WFABk	Fi S P SExp	few Red mottles				.15 to 48"
		30-46	R C WFABk	Fr S P SExp	Many YB stripes				.3 > 48"
		46-68	R CL WFSBk	Fr SS SP SExp	com sap				

COMMENTS:



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.