IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Bcn) Mooresville Office (704) 660-3625 PERMIT # 211935

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

PIN # 4722168737

APPLICANT/OWNER: Hayley Torrence APPLICANT ADDRESS: 129 Poppy Lane Statesville NC

SITE ADDRESS: 129 Poppy Lane Statesville NC 28677 PHONE: 704-775 8459 ALT. PHONE 704-816 0730

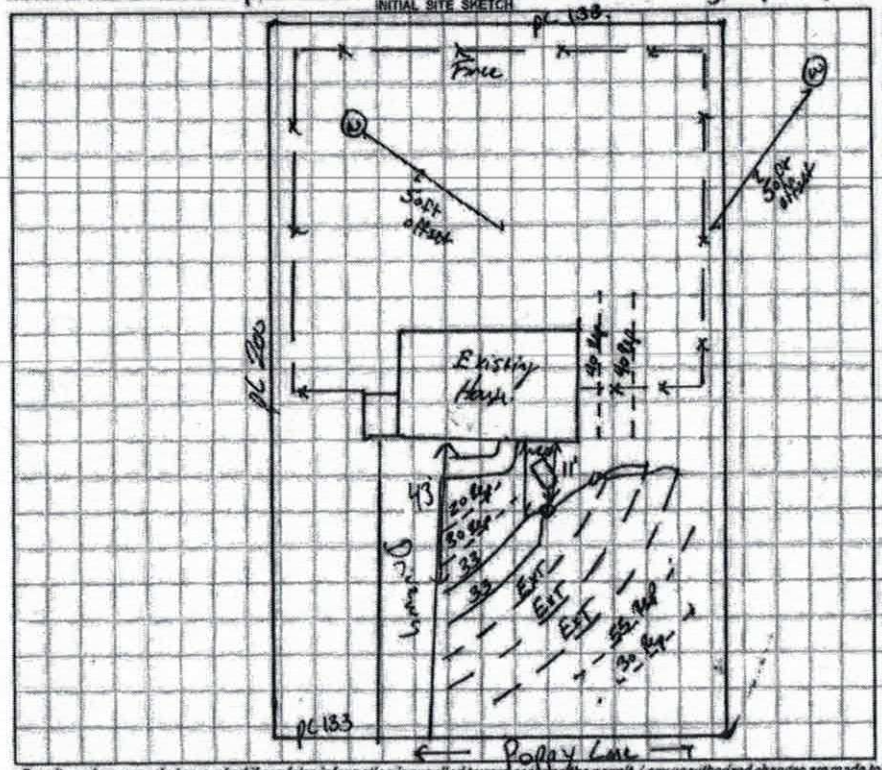
SITE DIRECTIONS: Buffalo Shoals Left on Poppy Lane 2nd House on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: D. F. Tantman Estates SECTION: X LOT # 106A LOT AREA: .62 Ac DESIGN FLOW: 360 L.T.A.R.: .30

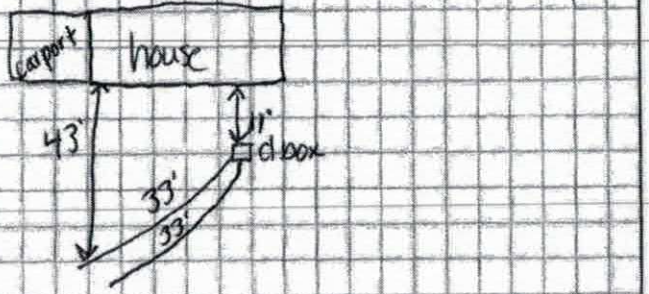
Septic Tank	EXT-1000	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	5	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity - 50% Reduction			☐ Business	No. Persons	6	☑ Private	
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LP - Pearl - 50% Reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	2		Linear Ft	67	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	24	Trench Bottom Depth(Low side)	30		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Septic drainlines on the contour of the land. Expansion of 2BR to 3BR house. Do not exceed max depth of 36 inches. Install New D-Box Split Feed 2 Pearl Lines to Feed existing Septic System

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: [signature] Date: 8/8/19 Installed by: K&M Grading

IMPROVEMENT PERMIT by: [signature] Date: 8/8/2019 OPERATION PERMIT by: Kayla Wilson Date: 8-26-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/8/2019. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector 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 #: 4722168736
COUNTY: Iredell

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

OWNER: Hayley Torrence
APPLICATION DATE 7/24/19
ADDRESS: 129 Poppy Cove TWN
DATE EVALUATED: 8/7/19
PROPOSED FACILITY: SBL Hous. PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 133 x 200 (.62)
LOCATION OF SITE: 129 Poppy Cove SUC
PROPERTY RECORDED: 1/20 1995
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	Linear Side 4-5%	0-8	SC WSBK	Comp SSSP FR	2.5YR 4/6	48	—	— Lithe Mottles	PS .30
		8-41	C SBK	SSSP FR					
		41-48	CL WSBK	SSSP FR					
2	Linear Side 4-5%	0-10	SC WSBK	SSSP FR SEW	2.5YR 4/4	50	—	Lithe Mottles	PS .30
		10-37	C SBK	SSSP FR					
		37-50	CL WSBK	SSSP FR					
3	Side 4-5%	0-14	SC WSBK	SSSP FR SEW	2.5YR 4/6	50	Sam Ruber 10YR 6/6 10YR 5/6	Sam Lithe	PS .30 e 24 inch.
		14-36	C SBK	SSSP FR					
		36-50	CL WSBK	SSSP FR					
4	Side 3%	0-8	SC WSBK	SSSPFR SEW	2.5YR 4/6	52	—	Lithe Mottles	PS .30
		8-32	C SBK	SSSPFR					
		32-52	CL WSBK	SSSPFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	69	200
System Type(s)	III 50% Gravity	IV CP 50%
Site LTAR	.30	.50

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT: Kevin Powell / Patricia Brunson Realtor

COMMENTS:

LEGEND

use the following standard abbreviations

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

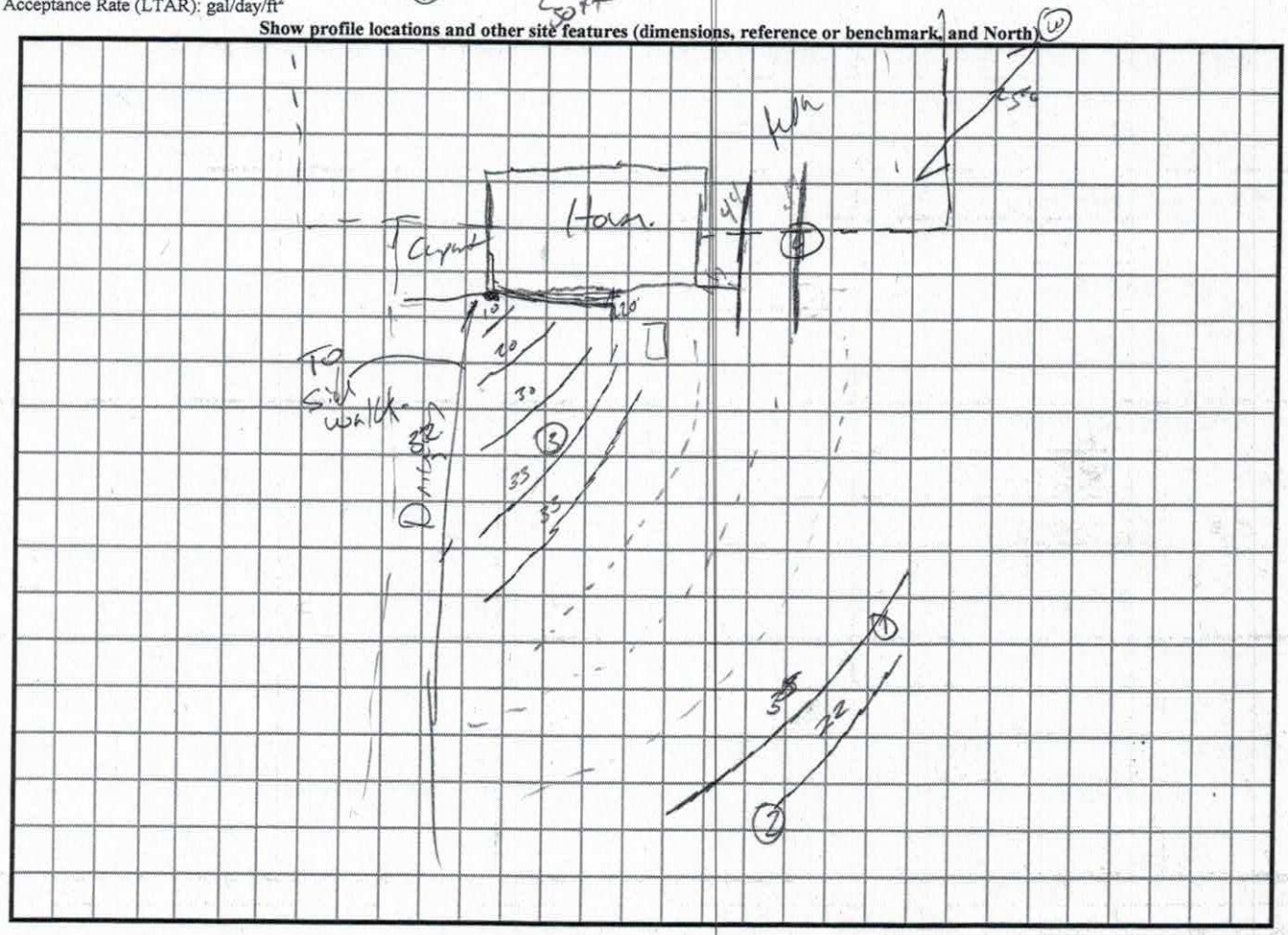
NOTES

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)



DEPARTMENT OF ENVIRONMENT, HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

DRAFT ①

PROPERTY I.D.#:
DATE: 4-6-95
COUNTY: Iredell

SOIL SITE EVALUATION FOR ON-SITE WASTEWATER SYSTEM

APPLICANT: Chris Davidson
ADDRESS:
OWNER__ AGENT:__ PHONE:
APPLICATION DATE:__ DATE EVALUATED 4-6-95
PROPOSED FACILITY: 2 Bedroom House
PROPERTY SIZE:

LOCATION OF SITE: Peppy Lane
WATER SUPPLY: On-site Well ✓ Comun. Well__ Public__ Other__ EVAL. METHOD: Auger Boring ✓ Pit__ Cut__

PROFILE #	.1940 LANDSCP POS / SLOPE(%)	HORIZON DEPTH (IN)	.1941 (1) TEXTURE	.1941 (2) STRUCTURE	.1941 (3) MINERALOGY	MATRIX COLOR	MOTTLE COLOR	OTHER PROFILE FACTORS
1	3-5%	0-4"	fsl	none	Fr / 1:1			.1942 Wetness Cond. - S
	L	4"-36"	c	sbk	fi / 1:1			.1943 Depth/.1956 Sapr. - NA
		36"-48"	c	sbk	fi / 1:1 relic mottling			.1944 Restrictive Hori. - PA
								.1948 Profile Class. - P.S.
								Profile LTAR - .3
2	3-5%	0-4"	sl	gr	fr / 1:1			.1942 Wetness Cond. - S
	L	4"-38"	c	sbk	fi / 1:1			.1943 Depth/.1956 Sapr. - NA
		38"-48"	c	sbk	fi / 1:1 relic mottling			.1944 Restrictive Hori. - NA
								.1948 Profile Class. - P.S.
								Profile LTAR - .3
3	3-5%	0-5"	cl	gr	fr / 1:1			.1942 Wetness Cond. - S
	L	5"-39"	c	sbk	fi / 1:1			.1943 Depth/.1956 Sapr. - NA
		39"-48"	c	sbk	fi / 1:1 relic mottling			.1944 Restrictive Hori. - NA
								.1948 Profile Class. - PS
								Profile LTAR - .3
4								.1942 Wetness Cond. -
								.1943 Depth/.1956 Sapr. -
								.1944 Restrictive Hori. -
								.1948 Profile Class. -
								Profile LTAR -

AVAILABLE SPACE (.1945): S OTHER FACTORS (.1946): SITE CLASSIFICATION (.1948): P.S.
SYSTEM TYPE: Conventional, gravity fed LONG-TERM ACCEPTANCE RATE(S): .3 gpd/ft²
EVALUATED BY: Mitchell Dorman OTHER(S) PRESENT: Chris Davidson, Neil Kale
COMMENTS:

0000087

DEPARTMENT OF ENVIRONMENT, HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

DRAFT ②

PROPERTY I.D.#: _____ SHEET ____ OF ____
DATE: 4-13-95 / 4-17-95
COUNTY: Iredell

SOIL SITE EVALUATION FOR ON-SITE WASTEWATER SYSTEM

APPLICANT: Chris Davidson OWNER: AGENT: PHONE:
ADDRESS:
APPLICATION DATE: DATE EVALUATED: 4-13-95/4-17-95
PROPOSED FACILITY: 2 Bedroom House
PROPERTY SIZE:
LOCATION OF SITE: [illegible] Peggy Lane A.F. Troutman 106A
WATER SUPPLY: On-site Well ___ Comm. Well ___ Public ___ Other ___ EVAL. METHOD: Auger Boring ✓ Pit ___ Cut ___

PROFILE #	.1940 LANDSCP POS / SLOPE(%)	HORIZON DEPTH (IN)	.1941 (1)(a) TEXTURE	.1941 (1)(b) STRUCTURE	.1941 (1)(c) MINERALOGY	MATRIX COLOR	MOTTLE COLOR	OTHER PROFILE FACTORS
4-13-95 1	1-6% L	0-3"	l	gr	fr / 1:1			.1942 Wetness Cond. - S
		3"-40"	c	sbk	fi / 1:1			.1943 Depth/.1956 Sapr. - NA
		40"-48"	c/sap.	wsbk/m	fi / 1:1			.1944 Restrictive Hori. - NA
								.1948 Profile Class. - PS
								Profile LTAR - .3
4-13-95 2	1-6% L	0-3"	l	gr	fr / 1:1			.1942 Wetness Cond. - S
		3"-42"	c	sbk	fi / 1:1			.1943 Depth/.1956 Sapr. - NA
		42"-48"	c/sap.	wsbk/m	fi / 1:1			.1944 Restrictive Hori. - NA
								.1948 Profile Class. - PS
								Profile LTAR - .3
4-17-95 3	3-6% L	0-8"	l	gr	fr / 1:1			.1942 Wetness Cond. - S
		8"-42"	c	sbk	fi / 1:1	2.5 y	3/1	.1943 Depth/.1956 Sapr. - NA
		42"-48"	c	sbk	fi / 1:1			.1944 Restrictive Hori. - NA
								.1948 Profile Class. - PS
								Profile LTAR - .3
4-17-95 4	3-5% L	0-6"	l	gr	fr / 1:1			.1942 Wetness Cond. - S
		6"-36"	c	sbk	fi / 1:1			.1943 Depth/.1956 Sapr. - NA
		36"-42"	c	sbk	fi / 1:1			.1944 Restrictive Hori. - NA
		42"-48"	c/sap.	wsbk/m	fi / 1:1			.1948 Profile Class. - PS
								Profile LTAR - .3

AVAILABLE SPACE (.1945): S OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS

SYSTEM TYPE: conventional, gravity fed LONG-TERM ACCEPTANCE RATE(S): .3 gpd/ft²

EVALUATED BY: Michael J Demuro OTHER(S) PRESENT: Chris Davidson, Neil Kale

COMMENTS

Expansion

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

Iredell County Health Department – Environmental Health Division 2 11935 $500 pd

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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

120

Applicant Information: (PRINT CLEARLY)

Applicant Name: Hayley Torrence Address: 129 Poppy Lane, Statesville, NC Zip: 28677
Applicant Email: htorrence@hotmail.com Phone: 704 775 8959 Alt. Phone: 704 816 0730
Owner Name: Hayley Torrence Address: 129 Poppy Lane, Statesville, NC Zip: 28677
Owner Email: htorrence@hotmail.com Phone: 704 775 8959 Alt. Phone: 704 816 0730

Property Information:

Street Address: 129 Poppy Lane
Subdivision Name: A. F. Troutman Estates Section/Phase: _____ Lot Number: 10LA
Driving Directions: Turn left on Poppy Lane off Buffalo Shoals Rd 2nd house on left.

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

( ) 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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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 (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: _____
( ) 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?

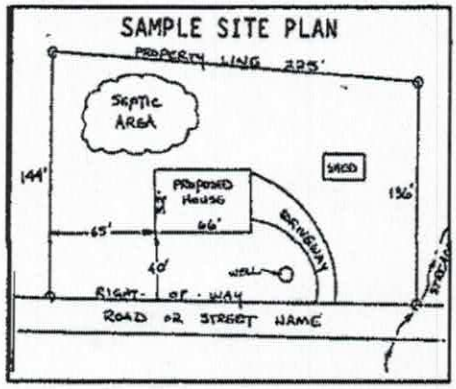
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Hayley Torrence 7/24/2019
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:

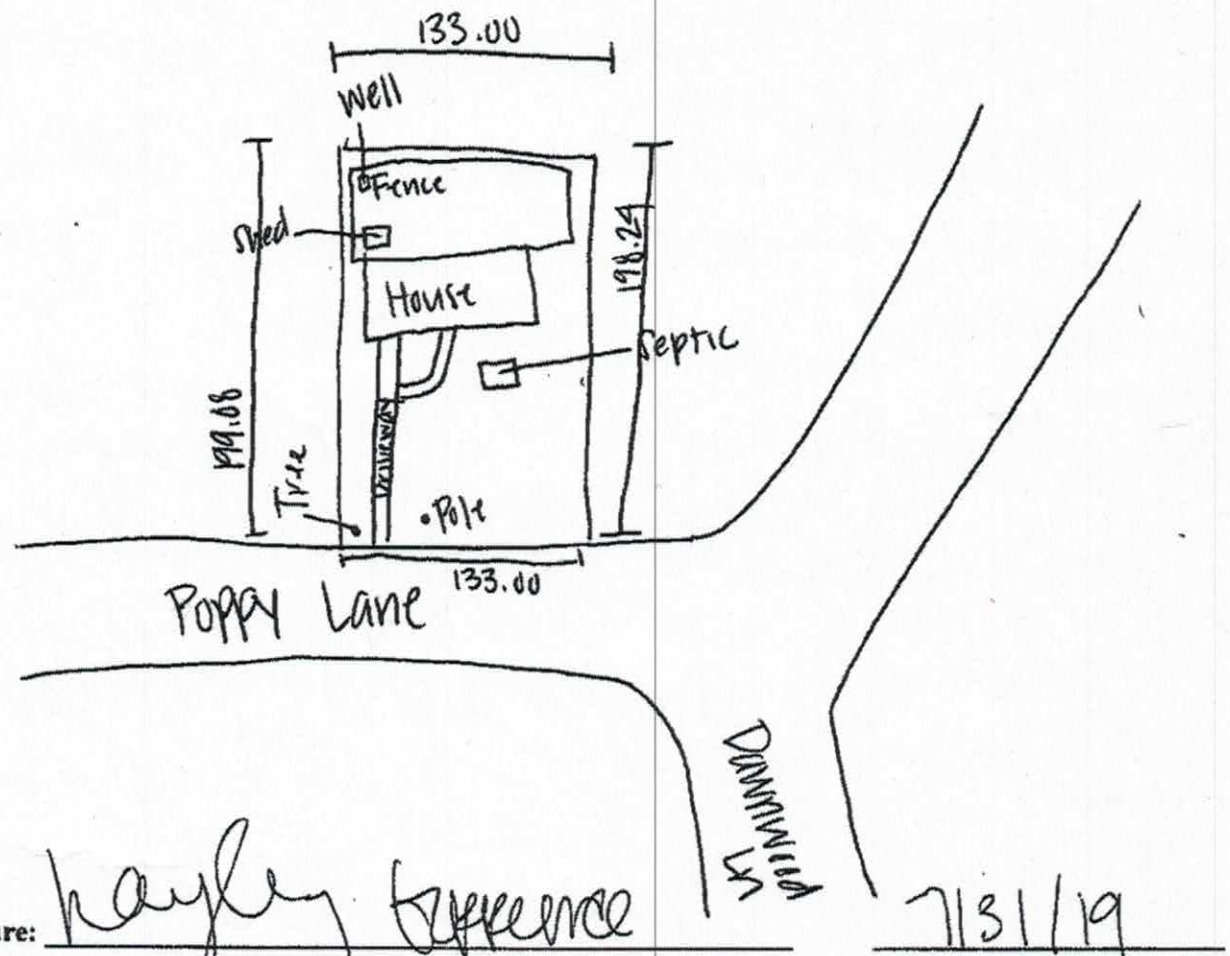
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient 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: Hayley Lawrence 7/31/19

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)* Hayley Torrence

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, Hayley Torrence, am the legal owner(s) of the property located at 129 Poppy Ln Statesville NC 28677, identified as

PIN (Parcel Identification Number) 4722168737, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Patrick Bannon Excel Realty, 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

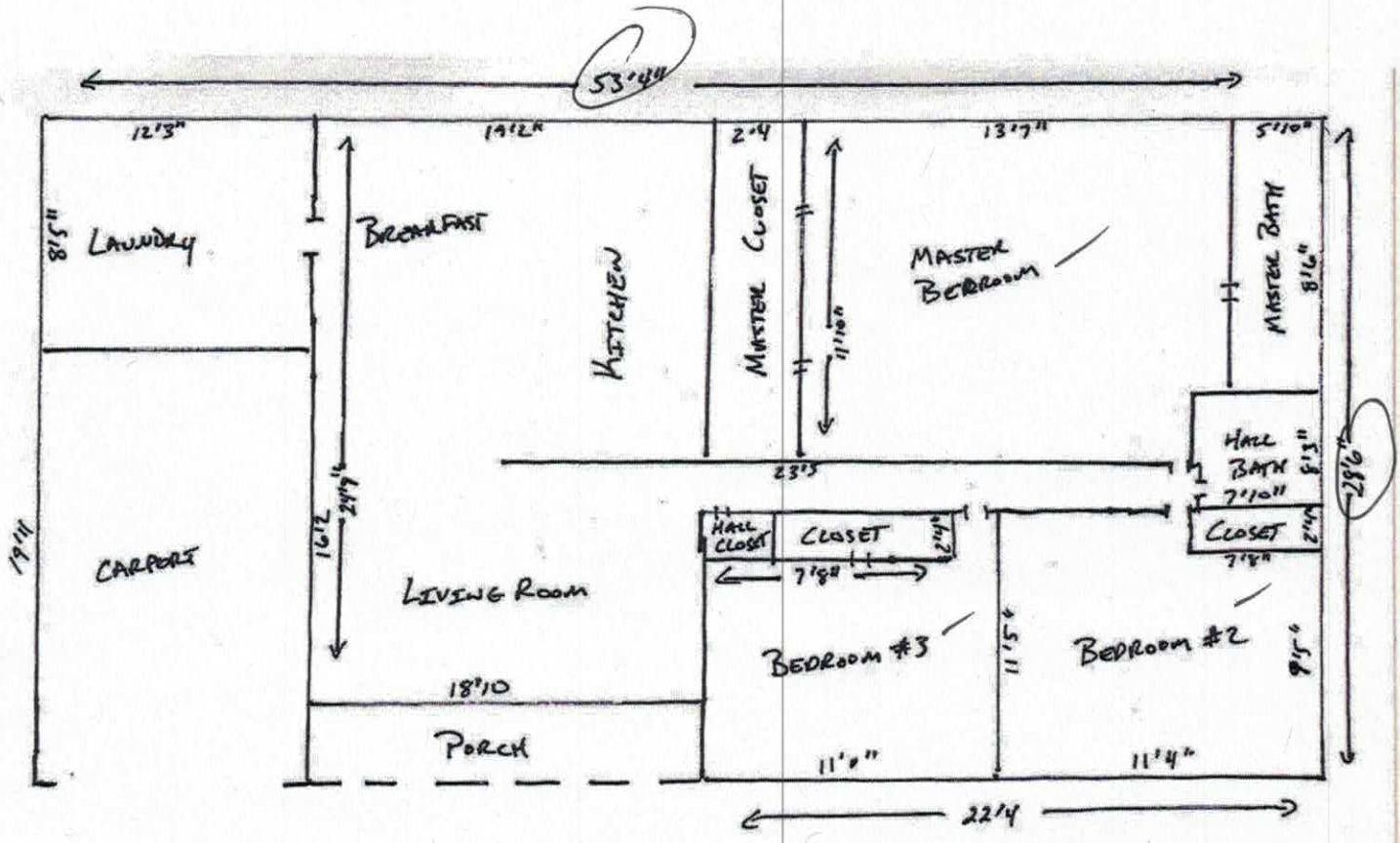
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Hayley Torrence — Signature of Owner(s)

7/24/2019 — 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



TOTAL SF - 1202

3BR / 2BA

Acknowledgement Of
Plans Submittal ONLY!

Date 8/7/19.

Date 8-8-19

Scanned with CamScanner