ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (PW) Mooresville Office (704) 660-3625 PERMIT # AP 318496

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

PIN # 4730-14-3352

APPLICANT/OWNER: Michael Ryan APPLICANT ADDRESS: 432 State Park Rd Troutman, NC 28166

SITE ADDRESS: 432 State Park Rd Troutman, NC 28166 PHONE: 704.361-1084 ALT. PHONE

SITE DIRECTIONS: Perth Rd N TL State Park Rd on right just past Hicks Creek SAP CONTROLLED: ☐ YES ☒ NO

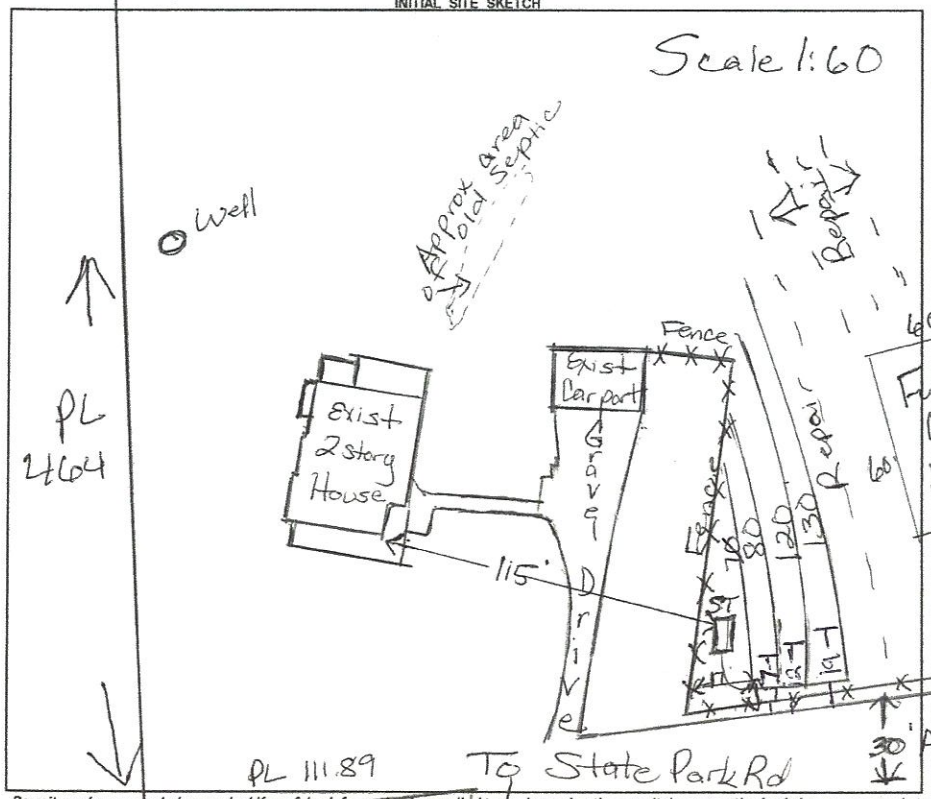
SUBDIVISION: State Park Farms SECTION: - LOT # 1 LOT AREA: 6.63 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 1012	Date 10/4/21	☒ 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:	Gravity - 25% Reduction			☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #	Repair System Description:	Hoot PPBPS			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	22"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Use clean outs on Supply line to ST per NC Plumbing Code

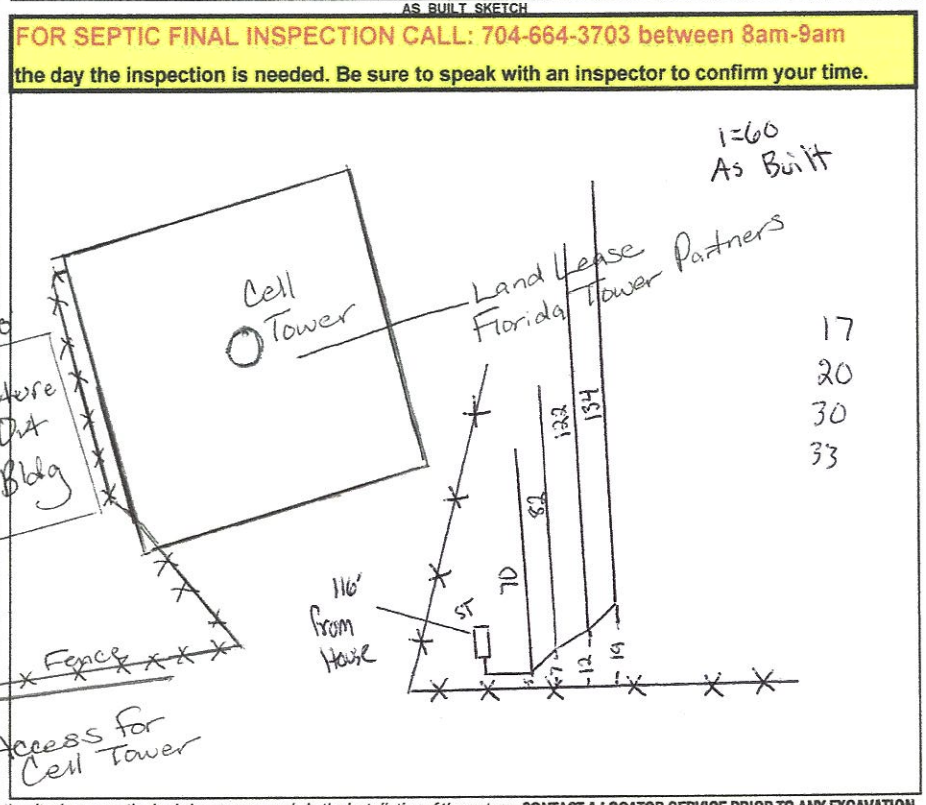
Divert Storm/Surface water away from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: 11/2/2021 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Date: 7/10/21 OPERATION PERMIT by: Cory Whitt Date: 12/22/21

AUTHORIZATION TO CONSTRUCT by: Date: 11/2/2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 2
PROPERTY ID #: 4730143552
COUNTY: Iredell

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

OWNER: Mike Ryon
ADDRESS: 432 State Park Rd Troutman, NC
PROPOSED FACILITY: House
LOCATION OF SITE: 432 State Park Rd Troutman

APPLICATION DATE: 6/7/21
DATE EVALUATED: 6/23/21
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 6.63 Ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	0-9	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		9-14	R to Rd/Brw C m-w	SBK SS, SP, Sexp			Fi-FR		.3 to
		14-37	RC/C	w SBK SS, SP, Sexp	Fi-FR				37"
		37-57	RC/C	w SBK SS, SP, Sexp	Fi w/many Rock Inclus & SAP				>37"
		57-62	L/SL SAP	massive FR	—	57"	PS	—	.25
2	5%	0-9	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		9-16	RC m-w	SBK SS, SP, Sexp, FR					
		16-30	RC/C	w SBK SS, SP, Sexp, FR					
		30-60	RC/C	w SBK SS, SP, Sexp, FR	w/few to many SAP				.3
			Inclus		—	60"	—	—	
3	5%	0-7	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		7-19	RC m-w	SBK SS, SP, Sexp, Fi-FR					
		19-43	RC/C	w SBK SS, SP, Sexp, FR	w/SAP Inclus				.3
		43-60	L/SL SAP	massive FR	—	43"	PS	—	
			w/C	Inclus					
4	6%	0-10	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		10-26	RC m-c	w SBK SS, SP, Sexp, FR	w/few to many				
		26-48	RC/C	w SBK SS, SP, Sexp, FR					
			SAP	Inclus					.3
		48-60	L/SL SAP	mass, FR	—	48"	PS	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	HPBPS
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean, Mike Ryon

Entry House
Drive
Barricade
To State Park Rd
Initial
#2
Repair
#3
Repair
#5
Cell Tower

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4730[illegible]
COUNTY: Franklin

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Ryon
ADDRESS: 432 State Park Rd Troutman, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 432 State Park Rd Troutman, NC
APPLICATION DATE: 6/7/21
DATE EVALUATED: 6/23/21
PROPERTY SIZE:
PROPERTY RECORDED:

WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~1~~ 5	6%	0-9	Brn SCL w SBK						PS .275
		9-36	RC m-w SBK/AB						
		36-58	RC C w SBK SS, SP		Sap F				
		58-68	L/SL SAP massive	FR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	H PRRS
Site LTAR	.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Beam, Mike Ryon

COMMENTS:

10:00am Wed 6/23/21 "Marked"

Number:

Please CALL prior to inspection

RECEIVED JUN 7 - 2021

Name: Mike Ryon 704-361-1084

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

AP-318496

Paid $500.00

Number:

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 (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: (PRINT CLEARLY) 704-361-1084

Applicant Name: Michael C Ryon Address: 432 State Park Rd Troutman Zip: 28166
Applicant Email: Ryon3700@yahoo.com Phone: 704-361-1084 Alt. Phone: N/A
Owner Name: Michael Ryon Address: 432 State Park Rd Troutman Zip: 28166
Owner Email: Ryon3700@yahoo.com Phone: 704-361-1084 Alt. Phone: _____

Property Information:

Street Address: 432 State Park Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Perth to state park Rd

New System to replace failing system - Expand for Future Bedrooms

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

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ (X) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
(X) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank X 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: _____
( ) 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: _____ 6/7/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

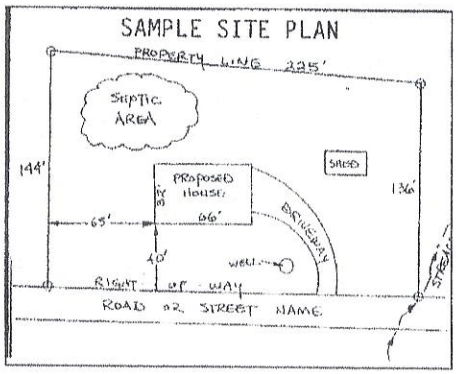
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

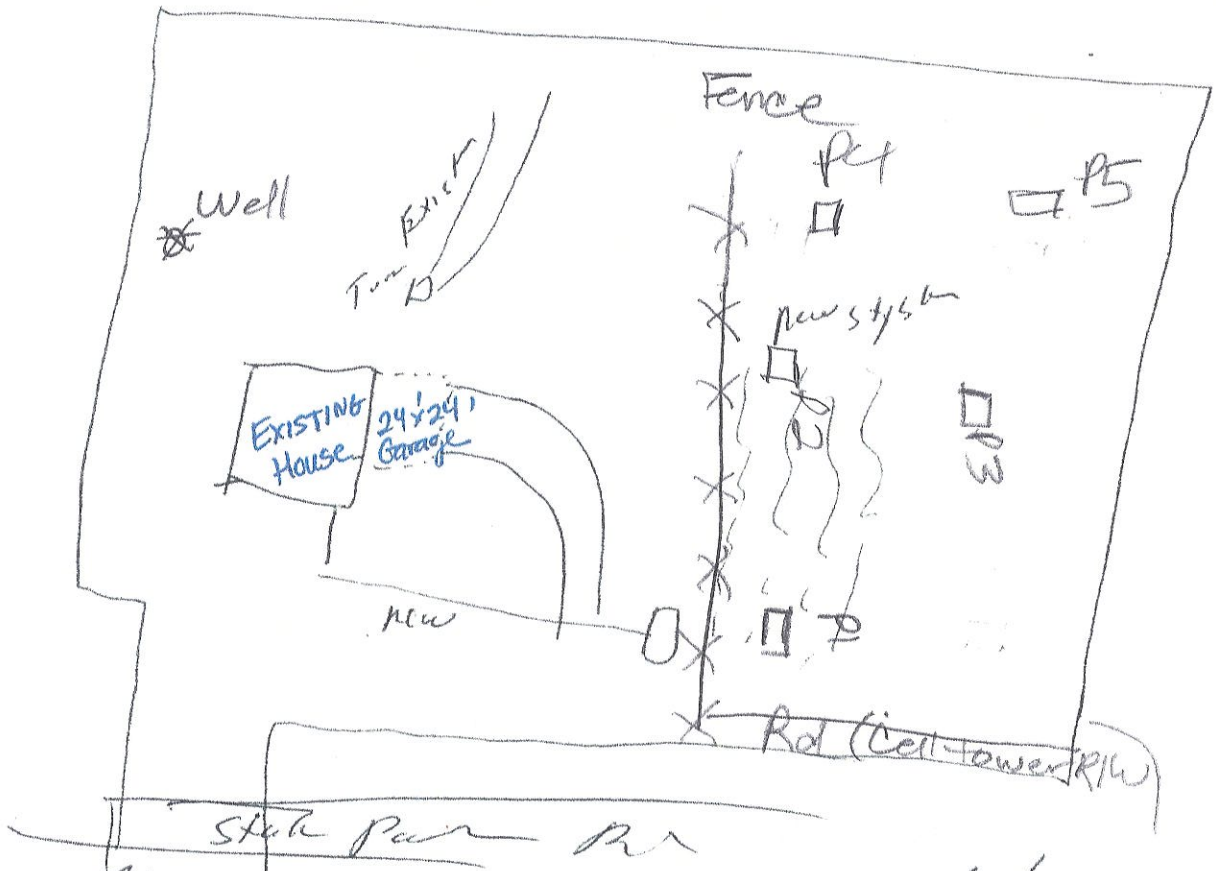
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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

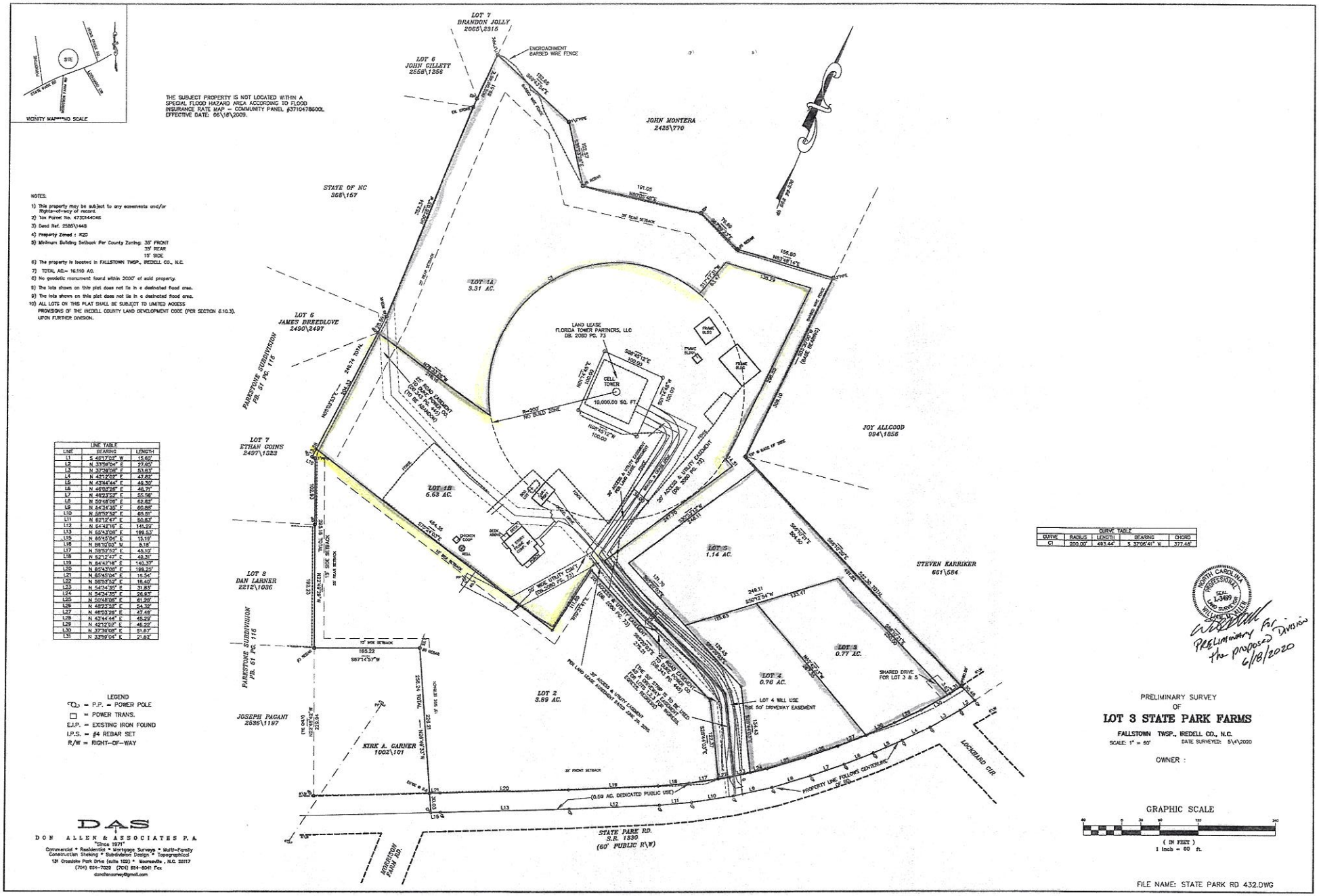
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

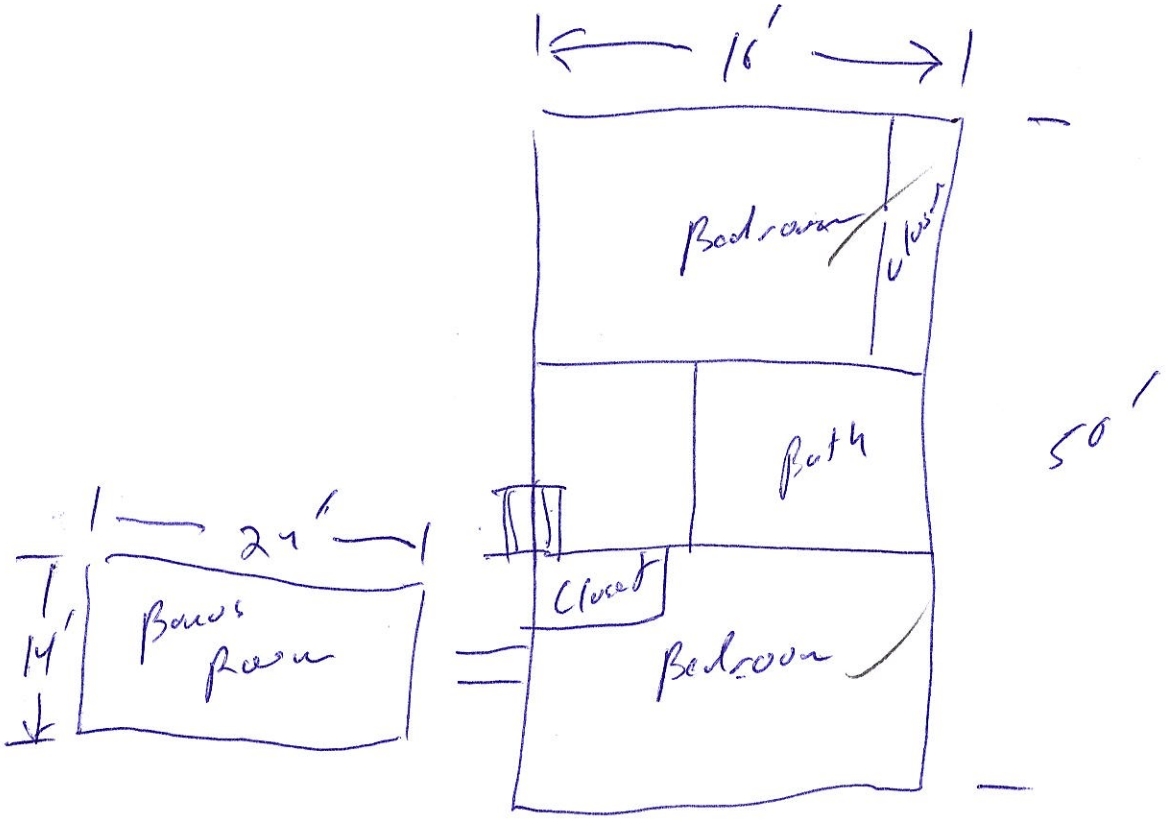


Signature: _____ 6/9/2021

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


VICINITY MAP
NO SCALE
SITE
STATE PARK RD
PARKSTONE
HIGH CREST DR
ASCENSION DR
HORSESHOE FARM RD
THE SUBJECT PROPERTY IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710478600L EFFECTIVE DATE: 06\16\2009.
NOTES:
1) This property may be subject to any easements and/or rights-of-way of record.
2) Tax Parcel No. 4730144048
3) Deed Ref. 2585\1443
4) Property Zoned : R20
5) Minimum Building Setback Per County Zoning: 35' FRONT
35' REAR
15' SIDE
6) The property is located in FALLSTOWN TWSP., IREDELL CO., N.C.
7) TOTAL AC.= 16.110 AC.
8) No geodetic monument found within 2000' of said property.
9) The lots shown on this plat does not lie in a designated flood area.
10) ALL LOTS ON THIS PLAT SHALL BE SUBJECT TO LIMITED ACCESS PROVISIONS OF THE IREDELL COUNTY LAND DEVELOPMENT CODE (PER SECTION 6.10.3), UPON FURTHER DIVISION.
LOT 7 BRANDON JOLLY 2065\2315
LOT 6 JOHN GILLETT 2558\1256
JOHN MONTERA 2425\770
STATE OF NC 368\167
LOT 1A 3.31 AC.
LOT 6 JAMES BREEDLOVE 2490\2497
PARKSTONE SUBDIVISION PB. 61 PG. 116
LOT 7 ETHAN COINS 2497\1323
LOT 1B 6.63 AC.
LOT 2 DAN LARNER 2212\1036
JOSEPH PAGANI 2598\1197
KIRK A. GARNER 1002\101
LOT 2 3.89 AC.
LAND LEASE FLORIDA TOWER PARTNERS, LLC DB. 2080 PG. 73
CELL TOWER
10,000.00 SQ. FT.
R=200' NO BUILD ZONE
FRAME BLDG
FRAME SLAB
30' ACCESS & UTILITY EASEMENT (DB. 2080 PG. 73)
30' ACCESS & UTILITY EASEMENT PER LAND LEASE AGREEMENT
30' ROAD EASEMENT (DB. 2080 PG. 73)
30' ROAD EASEMENT (DB. 2080 PG. 73 & DB. 2585 PG. 1443)
PER LAND LEASE AGREEMENT DATED DEC. 29, 2016
(0.59 AC. DEDICATED PUBLIC USE)
PROPERTY LINE FOLLOWS CENTERLINE OF RD.
STATE PARK RD. S.R. 1830 (60' PUBLIC R\W)
HORSESHOE FARM RD.
LOCKLEAR CIR.
JOY ALLCOOD 994\1856
LOT 5 1.14 AC.
STEVEN KARRIKER 681\584
LOT 3 0.77 AC.
LOT 4 0.76 AC.
SHARED DRIVE FOR LOT 3 & 5
LOT 4 WILL USE THE 50' DRIVEWAY EASEMENT
CHICKEN COOP
WELL
DOG ARBOR
HOUSE
CONC.
GRAVEL
TANK
POND
POWER POLE
POWER TRANS.
EXISTING IRON FOUND
IRON PIN SET
RIGHT-OF-WAY
LINE TABLE
LINE | BEARING | LENGTH
L1 | S 45°17'02" W | 15.60'
L2 | N 33°59'04" E | 27.65'
L3 | N 31°39'08" E | 53.83'
L4 | N 42°12'02" E | 47.82'
L5 | N 43°44'44" E | 49.30'
L6 | N 48°03'58" E | 48.71'
L7 | N 49°43'52" E | 55.56'
L8 | N 50°48'08" E | 62.82'
L9 | N 54°34'35" E | 60.88'
L10 | N 58°53'58" E | 65.91'
L11 | N 61°12'47" E | 50.83'
L12 | N 64°47'19" E | 141.22'
L13 | N 68°43'08" E | 199.53'
L15 | N 69°45'04" E | 15.19'
L16 | N 88°10'03" W | 5.18'
L17 | N 78°59'53" E | 45.10'
L18 | N 52°12'47" E | 48.31'
L19 | N 64°43'18" E | 140.37'
L20 | N 85°43'08" E | 199.25'
L21 | N 85°45'04" E | 16.54'
L22 | N 58°52'52" E | 18.40'
L23 | N 54°34'35" E | 31.83'
L24 | N 54°34'35" E | 28.83'
L25 | N 50°48'08" E | 61.09'
L26 | N 48°23'58" E | 54.32'
L27 | N 48°03'58" E | 47.48'
L28 | N 43°44'44" E | 45.22'
L29 | N 42°12'02" E | 46.22'
L30 | N 37°39'08" E | 51.83'
L31 | N 33°59'04" E | 21.62'
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD
C1 | 200.00' | 493.44' | S 37°06'41" W | 377.68'
LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crossside Park Drive (suite 102) * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
donallensurvey@gmail.com
NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM D. ALLEN, JR.
Preliminary for the proposed Division
6/18/2020
PRELIMINARY SURVEY OF
LOT 3 STATE PARK FARMS
FALLSTOWN TWSP., IREDELL CO., N.C.
SCALE: 1" = 60'
DATE SURVEYED: 5\4\2020
OWNER :
GRAPHIC SCALE
(IN FEET)
1 inch = 60 ft.
FILE NAME: STATE PARK RD 432.DWG

2nd Floor

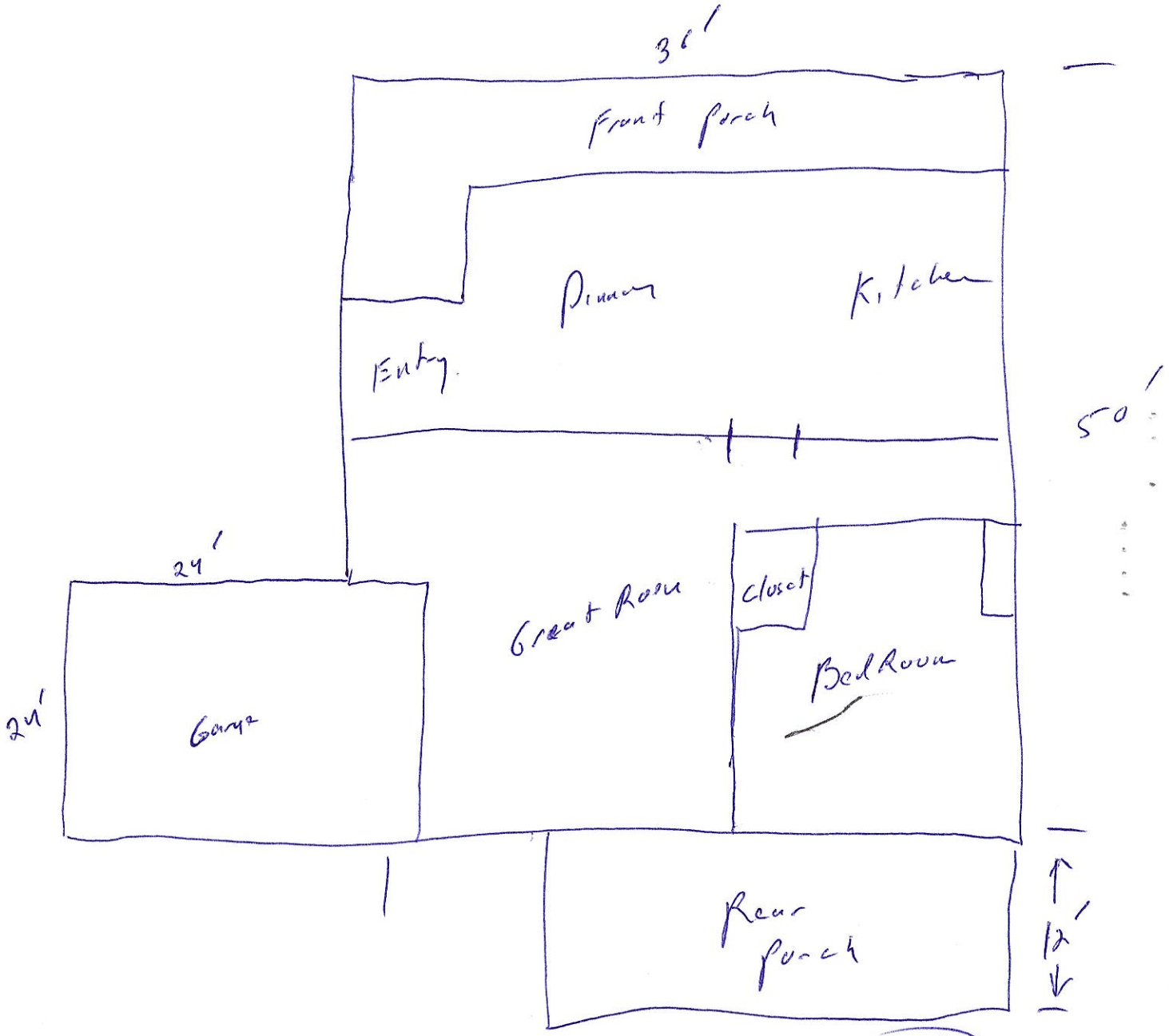


Acknowledgement Of
Plans Submittal ONLY!

Date 11/2/2021

Date 11-2-2021

First Floor



Acknowledgement Of
Plans Submittal ONLY!

Date 11/2/2021

Date 11-2-2021.