# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 239e12

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

PIN # 4730215318

APPLICANT/OWNER: Thomas Comer — APPLICANT ADDRESS: 127 Spring Oaks Dr, Troutman

SITE ADDRESS: 127 Spring Oaks Dr, Troutman — PHONE: 704-929-2714 — ALT. PHONE 704-528-9005

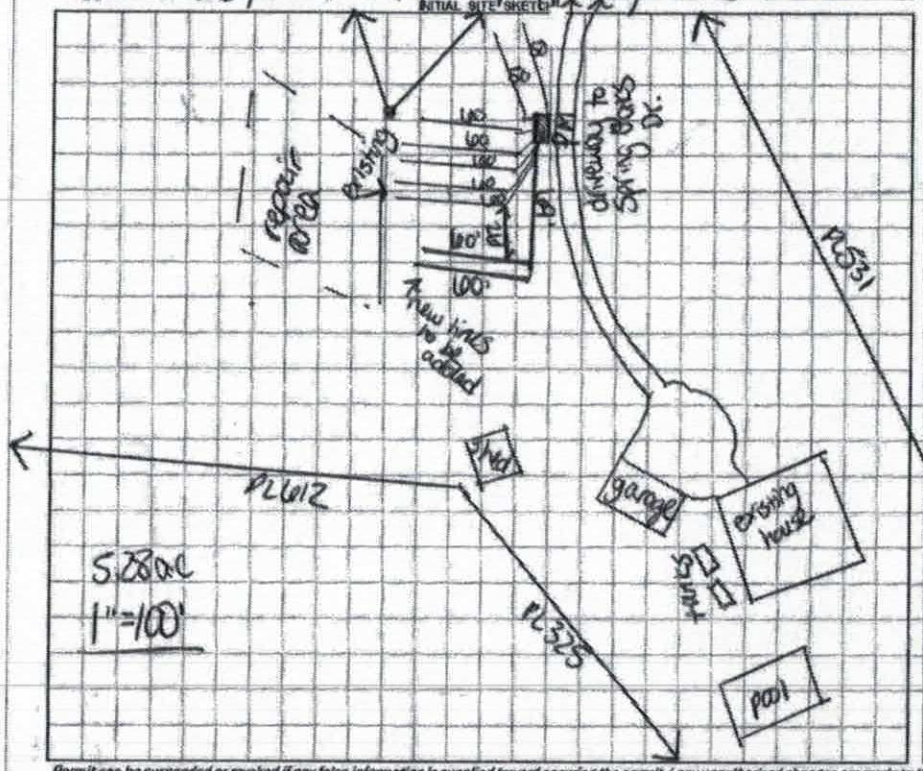
SITE DIRECTIONS: Stake past Rd → L on Lockhard → end of drive on left — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Spring Oaks — SECTION: — LOT # 1 — LOT AREA: 5.28ac — DESIGN FLOW: 480gpd — L.T.A.R.: .25 (1/repair)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | ext | (gal) | STB | ext | Date | ext | ☐ New System | ☐ Repair | ☒ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms | 4 | Water Supply |
| Pump Tank | ext | (gal) | PT | ext | Date | ext | System Description: | 25% - PM | | | ☐ Business | No. Persons | 8 | ☒ Private |
| Pump Make | Gould's | Model | 1 1/2 Horse HE | | Serial # | | Repair System Description: | drip | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 7ext, 2add | | Lineal Ft | 120' ea | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☒ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 18"/24" high | | Gravel Depth | — | | ☐ GRAVITY | ☒ PRESSURE | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: Install two additional lines on contour. Lines should be 100' each. Use existing pressure manifold Use 1/2" sch 40 tabs → pump may have to be altered to reach 2' of pressure head. (New pressure manifold with sch80 tabs for all lines may be installed as well)

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed Quick 4 2-60ft lines
4/17/19 as Drawn
4/18/19 Set 2ft pressure, checked alarms.

*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: Thomas Comer — Date: 12-19-18 — Installed by: Frye Grading

IMPROVEMENT PERMIT by: Carla C. Caine — Date: 10/30/18 — OPERATION PERMIT by: Marsha Dotson — Date: 4/18/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Caine — Date: 10/30/18 — 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 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 #4730215312
COUNTY: Iredell

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

expansion

OWNER: Thomas Comer
ADDRESS: 127 Spring Oaks
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 127 Spring Oaks
APPLICATION DATE 10/17/18
DATE EVALUATED: 10/29/18
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 7.5ac
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 | 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 | SS 16% | 0-9 | SBK SCL | FR SS SP SBKP | 10YR 6/1 @ 30" 2.5Y 6/6 matrix | 48" | N/A | N/A | PS .25 |
| | | 9-33 | SBK SC | " " | | | | | |
| | | 33-48 | SBK C | " " | | | | | |
| 2 | SS 16% | 0-8 | SBK SCL | FR SS SP SBKP | 10YR 6/2 @ 33" | 48" | N/A | N/A | PS .25 |
| | | 8-34 | SBK SC | " " | | | | | |
| | | 34-48 | SBK C | " " | | | | | |
| 3 R | 10% | 0-9 | SBK SCL | FR SS SP SBKP | 10YR 6/2 @ 28" | 48" | N/A | N/A | PS drip |
| | | 9-27 | SBK SC | " " | | | | | |
| | | 27-48 | SBK C | " " | | | | | |
| 4 R | 10% | 0-11 | SBK SCL | FR SS SP SBKP | 10YR 6/4 ~30" | 48" | N/A | N/A | PS .25 |
| | | 11-26 | SBK SC | " " | | | | | |
| | | 26-48 | SBK C | " " | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 120' add | 4800 sq ft |
| System Type(s) | 25% - PM | drip |
| Site LTAR | .125 | .1 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

# LEGEND

*use the following standard abbreviations*

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

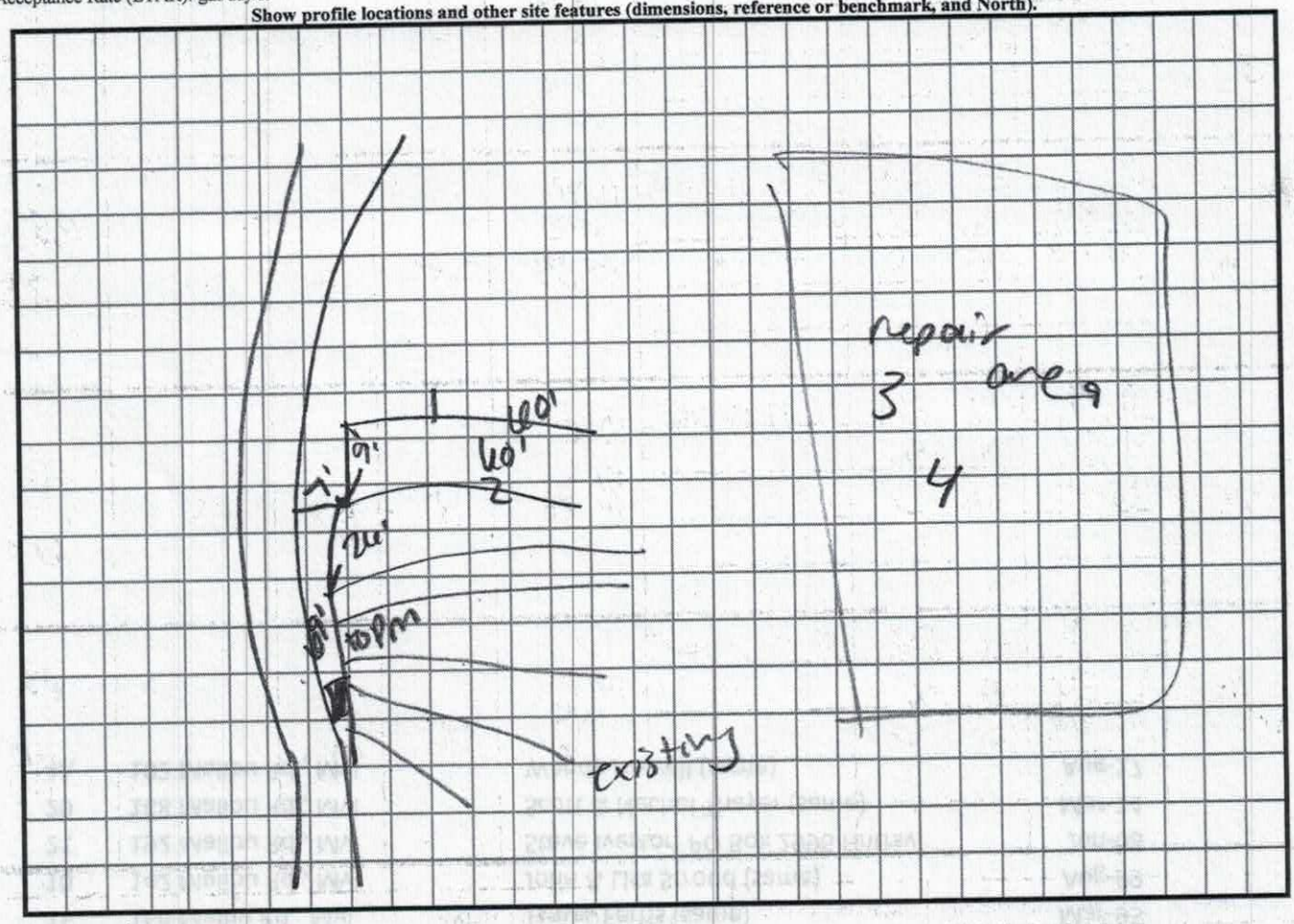
***NOTES***

| | |
|---|---|
| *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).**



RECEIVED OCT 1 7 2018

Please CALL prior to inspection

239012

**IREDELL COUNTY DE** Name: Thomas **NTAL HEALTH**

Expansion

Number: 704-929-2714

Paid $300.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: THOMAS A Comer Address: 127 SPRING OAKS DR TROUTMAN NC Zip: 28166
Applicant Email: tjcomer2433@gmail.com Phone: 7045289005 Alt. Phone: 704 929 2714
Owner Name: THOMAS A COMER Address: 127 SPRING OAKS DR TROUTMAN NC Zip: 28166
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 127 SPRING OAKS DR TROUTMAN N.C 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: HWY 21 to TROUTMAN TURN Right on PERTH RD Right ON STATE PARK RD LEFT ON LOCKHARD RD TO END DR ON LEFT hill

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

PAID 1203 mll 10/17

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 (✓) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
(✓) Bedroom(s) Addition Existing Bed. ( ) 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 1993
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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:** Thomas A Comer 10-17-18
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*) _____

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

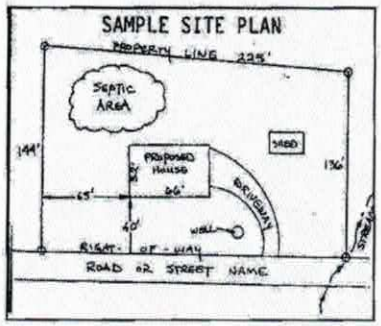
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 PERMIT

**Signature:** Thomas A Conner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-17-18
DATE

44528

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15039 DATE 6-4-93 TAX MAP NO. Pt. of 3E-E-8A

OWNER OR CONTRACTOR Thomas A. Comer PHONE: Business Home

ADDRESS 1

LOCATION From Troutman take Perth Rd. TR State Park Rd. TL Lockhart Rd. TR 1st Gravel Rd. lot at end

SUBDIVISION Spring Oaks Dev. BLOCK / SECTION LOT 1 LOT AREA 4.836 acres SITE CLASS PS L.T.A.R. .3 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public: Well

Septic Tank: 1000 Gallons: STB 794 Date 3-13-93

Pump Tank: 1000 Gallons: PT PT-27 Date 3-12-93

Notification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 7 Trench Width 36" Trench Depth 24"-36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump to conventional

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ~

☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Garbage Disposal: ☐ Yes ☑ No

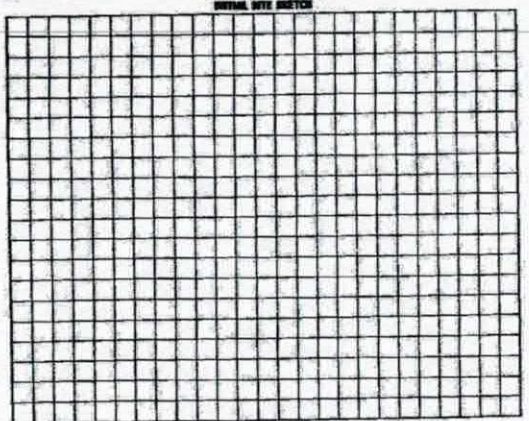
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

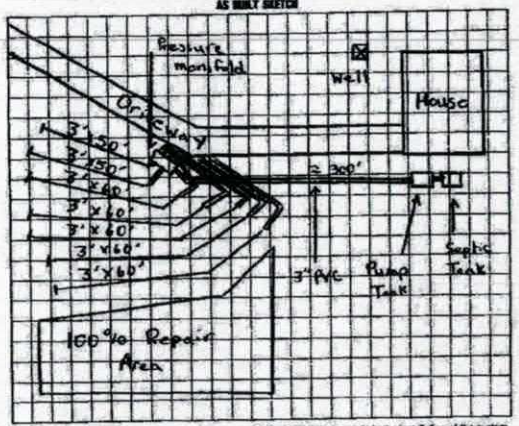
Other:

Comments: Keep check on manifold box for 2' of Pressure head periodically

INITIAL SITE SKETCH



AS BUILT SKETCH




I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: Steve Brown date 8-12-92

Existing System Inspection by: date

Installed by: Denver Plumbing

Certificate of Completion by: Michael D. Denver date 6-4-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

127 Spring Oaks Dr.

THOMAS A COMER 704-929-2714

Carla C. Cave 10/29/18

