IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

4730-21-5821

Date **10/1/15**

Re: Application for improvement permit for **David Franklin,** property site **126 Spring Oaks Dr.,** Health Department file number **213004**

Dear **David Franklin**

The **Iredell** County Health Department, Environmental Health Division on **9/30/15** evaluated the above referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a **4 bedroom residence** (describe facility – example: 3 bedroom residence, 10 employee office) with a design wastewater flow of **480** gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1940 through .1948, the evaluation indicated that the site is UNSUITABLE for a ground absorption sewage system. Therefore, your request for an improvement permit is DENIED. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
__X__ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
__X__ Unsuitable soil wetness condition (Rule .1942)
__X__ Unsuitable soil depth (Rule .1943)
_____ Presence of restrictive horizon (Rule .1944)
_____ Insufficient space for septic system and repair area (Rule .1945)
_____ Unsuitable for meeting required setbacks (Rule .1950)
_____ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative, or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

However, the site classified as UNSUITABLE may be classified as PROVISIONALLY SUITABLE if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as PROVISIONALLY SUITABLE.

You have a right to an information review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an information review by the North Carolina Department of Health and Human Services regional soil scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **Oct. 1st, 2015**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N. C. Department of Health and Human Services.
You may call or write the local health department if you need any additional information or assistance.

Sincerely, Justin Henderson

Signature of Authorized Agent – DHHS
Enclosures: (Enclose copy of site evaluation)
(Copy of Rule .1948)

IREDELL COUNTY

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

APPLICATION NUMBER
213004
Issue Date: 08/20/2015

FILE COPY FAXED

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730215821.000	126 SPRING OAKS DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: FRANKLIN, DAVID FRANKLIN, TAMMY	Applicant: FRANKLIN, DAVID
Address: 126 SPRING OAK DRIVE TROUTMAN, NC 28166	Address: 126 SPRING OAK DRIVE TROUTMAN, NC 28166
Phone: 980-444-0491	Phone: 980-444-0491

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.860	35.00	35.00	15.00	15.00	CA	X

Remarks:

SEE SETBACKS PROVIDED BY REBECCA ON ZONING DISCLAIMER AERIAL

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.

Applicant: David Franklin Date: 8-20-15

Permit Number	47088	TOTAL FEES:	$ 77.25

213004 [illegible] 88 9500

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

DAVID FRANKLIN	121 TOWN LOOP #105 MOORESVILLE NC, 28117	980 444 0491	585 643 0120
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
DAVID & TAMMY FRANKLIN	121 TOWN LOOP #105 MOORESVILLE NC 28117	980 444 0491	585 643-0120
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

126 SPRING OAKS DR	SPRING OAKS	LOT 2
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: STATESVILLE TO TROUTMAN, IN TROUTMAN TURN RT. ON WAGNER ST WHICH TURNS INTO PERTH RD. TURN RT ONTO STATE PK RD, TURN LEFT ONTO LOCKHARD CIR, TURN RT ONTO SPRING OAKS OR AT THE BEND PROCEED UP THE HILL.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* DF 9-21-15

(X) New, Single Family Residence — Maximum Number of Bedrooms 4
( ) New, Multi-Family Residence — Maximum Number of Occupants ___
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
(X) Repair To Failing Septic System due to _____
( ) Other _____

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
(X) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: David Franklin — 8-19-15
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

112962

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...

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

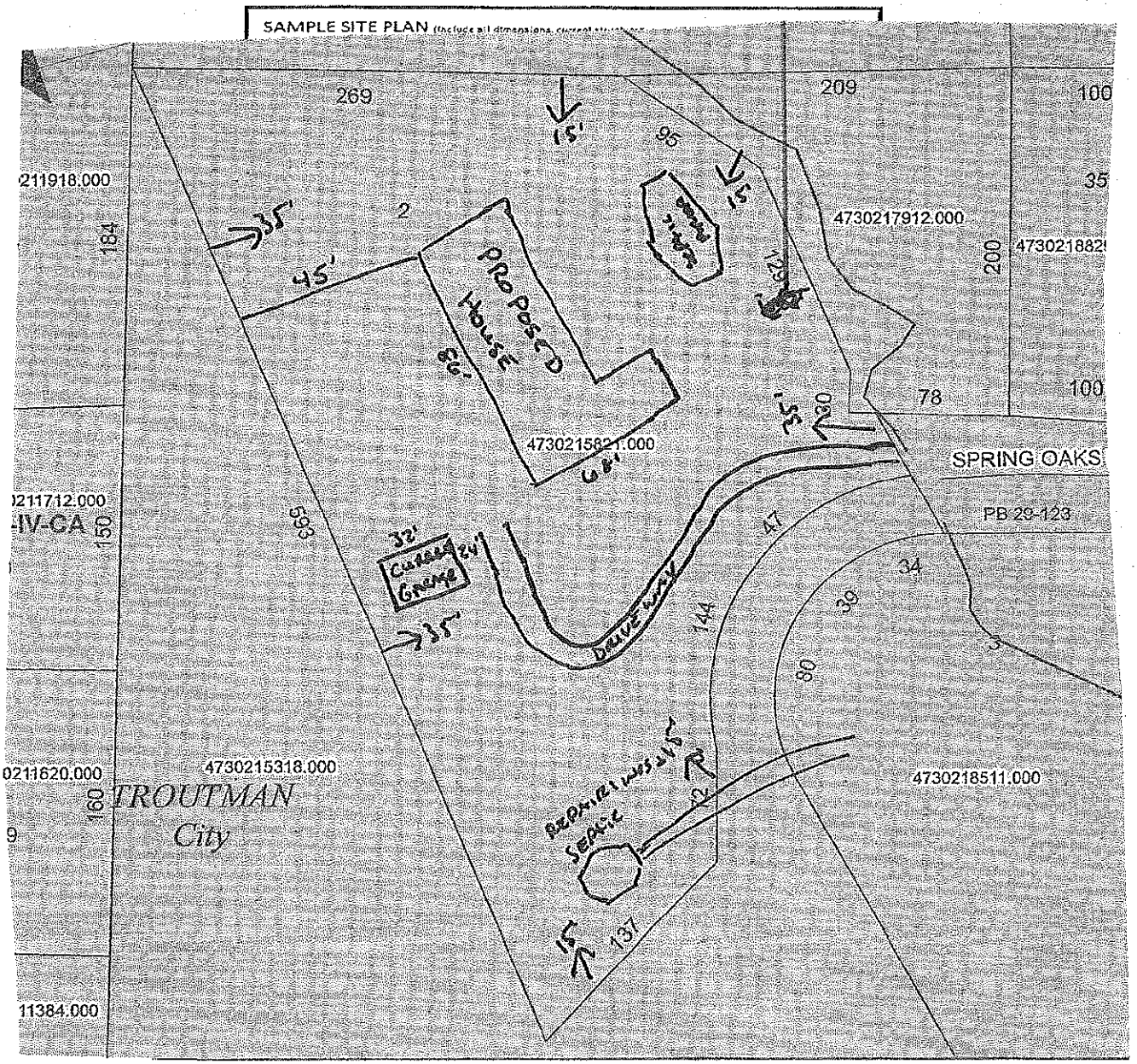
____ Front and side setbacks from property line... ✓ Preferred driveway location and configuration, preferred well location...

✓ 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)



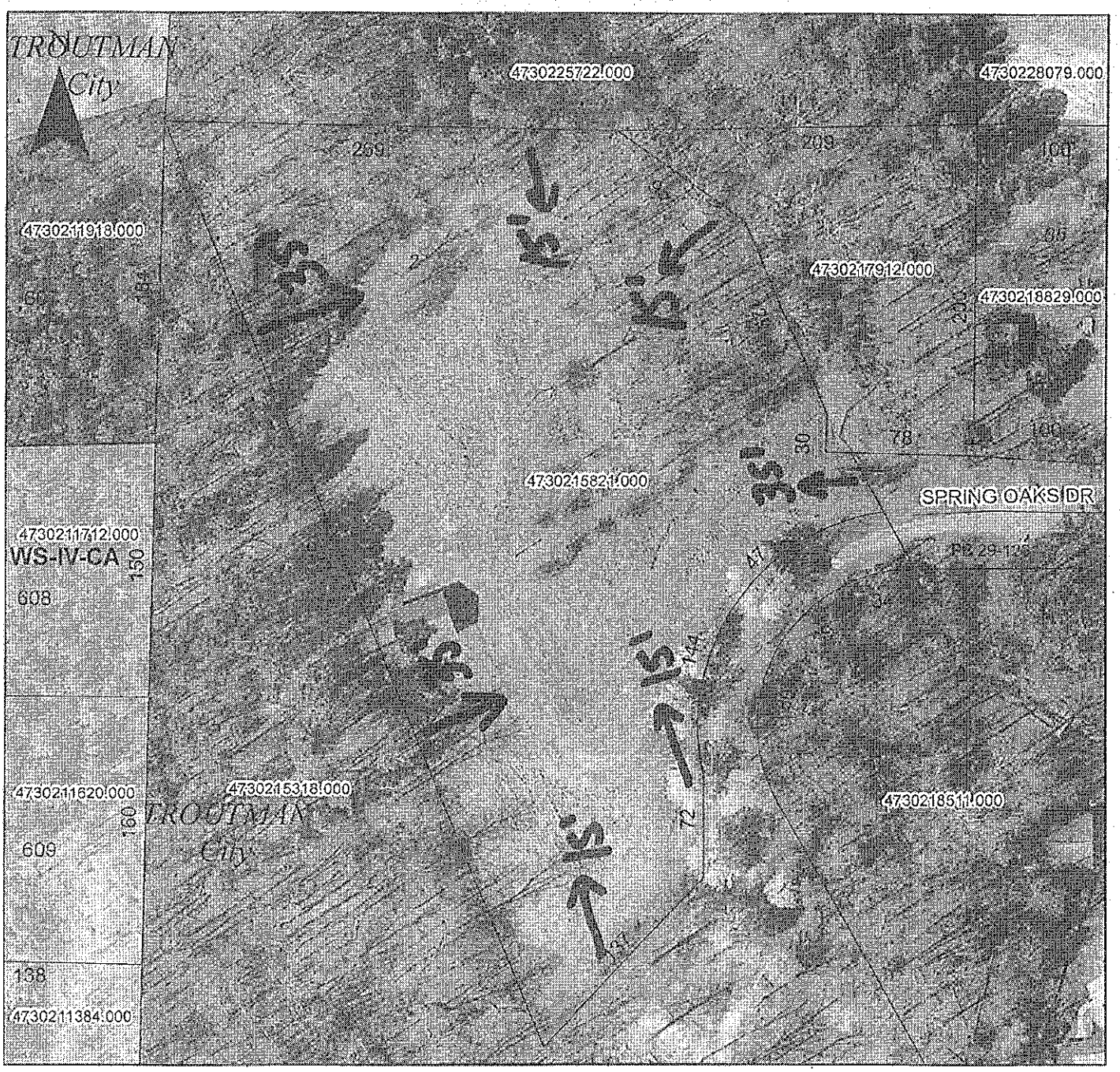
Signature: Daniel Frank

REQUIRED property owner or owner's legal representative signature.

8-19-15

DATE

ZONING DISCLAIMER



Property Address Lot 2 Spring Oaks Drive / 126 Spring Oaks

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.

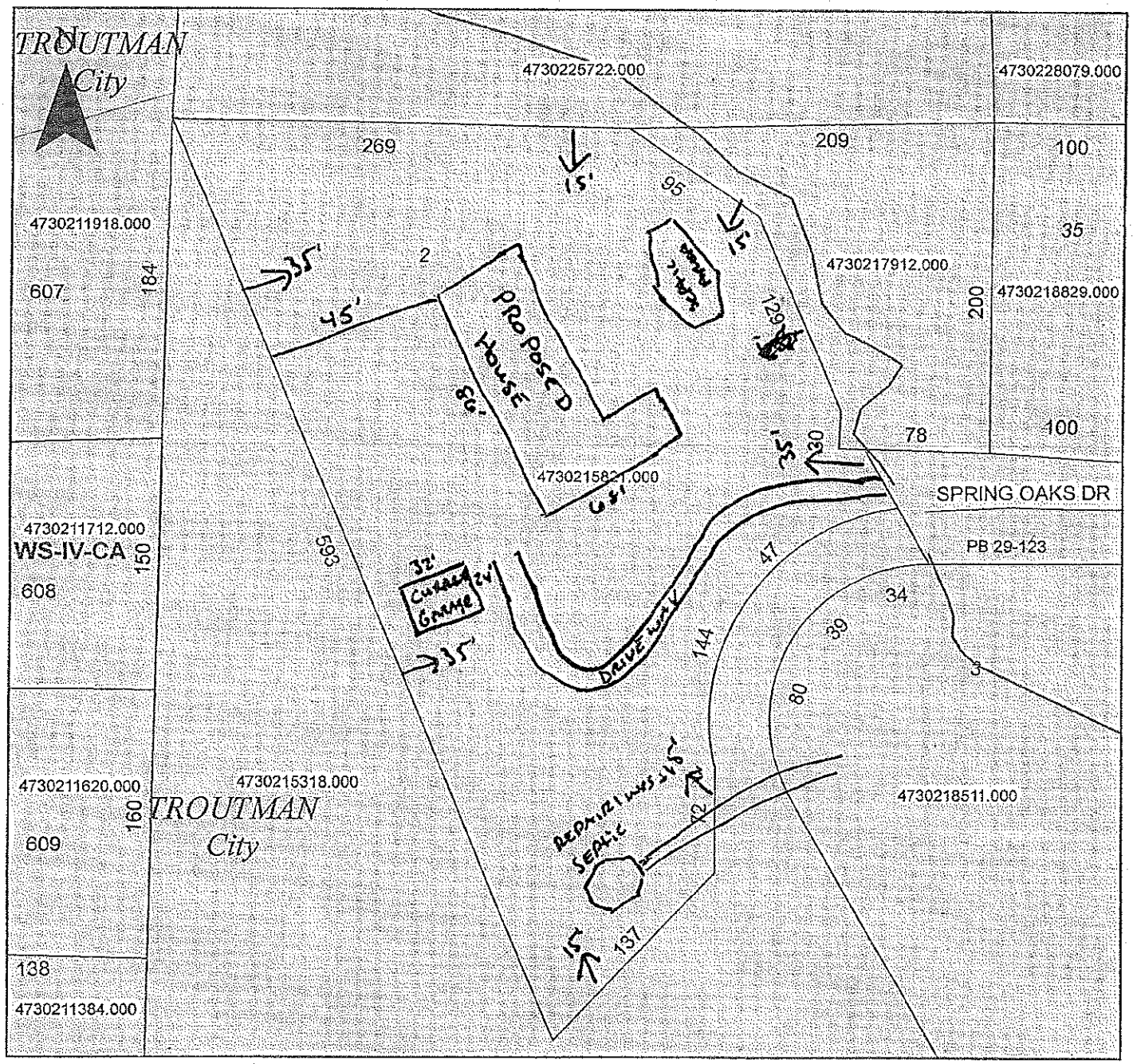
Dan Frank

Applicant

8-19-15

Date

ZONING DISCLAIMER



Property Address 126 SPRING OAKS DR TROUTMAN, NC 28166

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.

Dale Franklin
Applicant

8-19-15
Date

SHEET NUMBER
A2.1

HOM-2400

FLOOR PLAN

THE HOME DESIGNERS
775 Market Street, Suite 312, Minneapolis, Minnesota
Phone: 612 341 0117 Fax: 612 341 0176

ISSUED:
DRAWN BY:
CHECKED BY:
REVISIONS:

PLAN INFORMATION

48197

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. 16468 DATE 6-9-93 TAX MAP NO. 3E-E-13

OWNER OR CONTRACTOR Jim Leonard PHONE: Business Home 663-4207

ADDRESS

LOCATION State Park Rd. TL Lockhard Rd. TR 1st dirt rd. to R. 2nd to last house on L.

SUBDIVISION Spring Oaks BLOCK / SECTION LOT 3 LOT AREA 2.025 acres SITE CLASS P.S. L.T.A.R. .3 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located

Septic Tank: 1000 Gallons: STB 3558 Date 2-14-94

Pump Tank: 1000 Gallons: PT 1107 Date 9-21-93

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3 Trench Width 36" Trench Depth 30" 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 2 No. Bathrooms 2.5 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

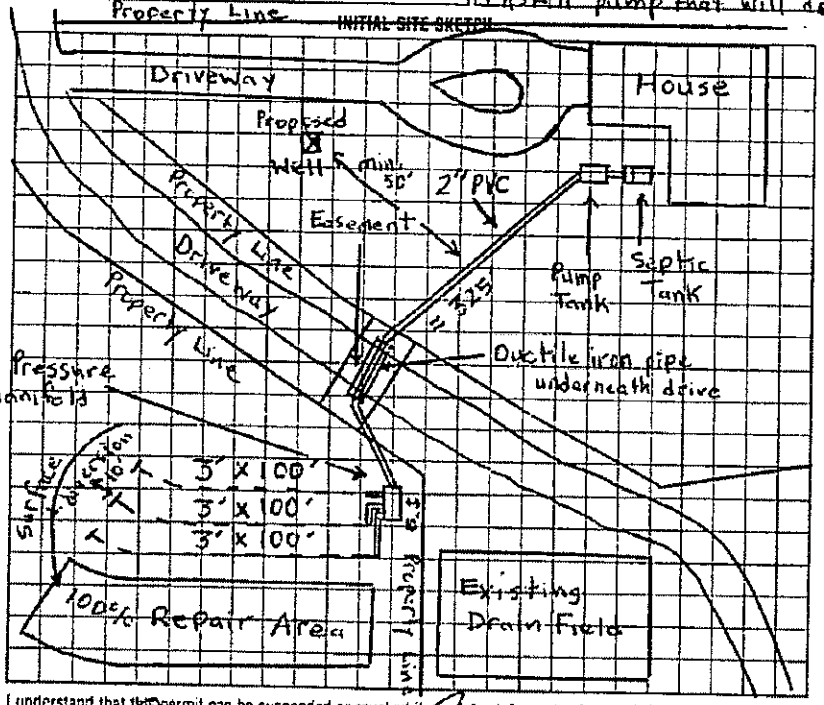
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines on contour, Keep system 5' from foundation of home, 10' from all property lines, and 50' min. from any well. Keep system 20' from any other septic system. Install pump that will deliver 40 gpm at 68.817 TDH (see Attached) Pump to manifold (See Attached) Copy of Easement needed at Final.

INITIAL SITE SKETCH



AS BUILT SKETCH

Install ductile iron underneath driveway

* checked drainlines, pump tank, septic tank. 3-15-94 *

SAME AS INITIAL SKETCH

Checked Pump, manifold, and Alarm box. -could not check float position, tank full of water.

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: Jesse Dennis

Improvement Permit by: Michael J. Dennis / J.C. Moore date 6-9-93

Existing System Inspection by date

Installed by: Kenny Pearson

Certificate of Completion by: Michael J. Dennis date 3-31-94

Operation Permit by date

HEALTH DEPT COPY WHITE — PERMIT HOLDER COPY (INITIAL) GREEN — OWNER COPY (FINAL) YELLOW — INSPECTION COPY (INITIAL) PINK — OWNER COPY (INITIAL) GOLD

5 6 6 0 0 0

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

Sheet 1 of 2
PROPERTY ID #473021582l
COUNTY: Iredell

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

OWNER: David Franklin
ADDRESS: 126 Spring Oak Dr.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 126 Spring Oak Drive
APPLICATION DATE 8-20-15
DATE EVALUATED: 9-21-15
PROPERTY SIZE: 2.86 acres
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other N/A
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 APB	2% NS	0-7	SL Gr	fr mor SE					Need pits.
		7-18	C Y/B mottles	OBE					
		18-30	BC WABK	Fr mod SE					
		30-48	SAR	NP					
PIT 2	NS	0-4	Gr SL		Chroma 3 in C horizon	Prismatic Peds Horizon 11"-29"			LPNS
		4-31	Mass SC						
		31-53	mass SaPCL						
PIT 3	NS	0-4	Gr SL		(Ped 7")				LPNS
		4-35	Mass C	SE/E					
		35-55	SaP CL						
PIT 4	NS	0-42	Fill						LPNS
		42-53	SaP(Cl)						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Just Reuders
OTHER(S) PRESENT: Adrian Pruitt

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4730215821
DATE OF EVALUATION: 9-28-15
COUNTY: Iredell

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
		0-4	Gr SC						
		4-16	SBlC cL						
PIT 5		16-36	Mass C	SE/F					
		36-55	Mass RC C	Ped 7 1"					

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.

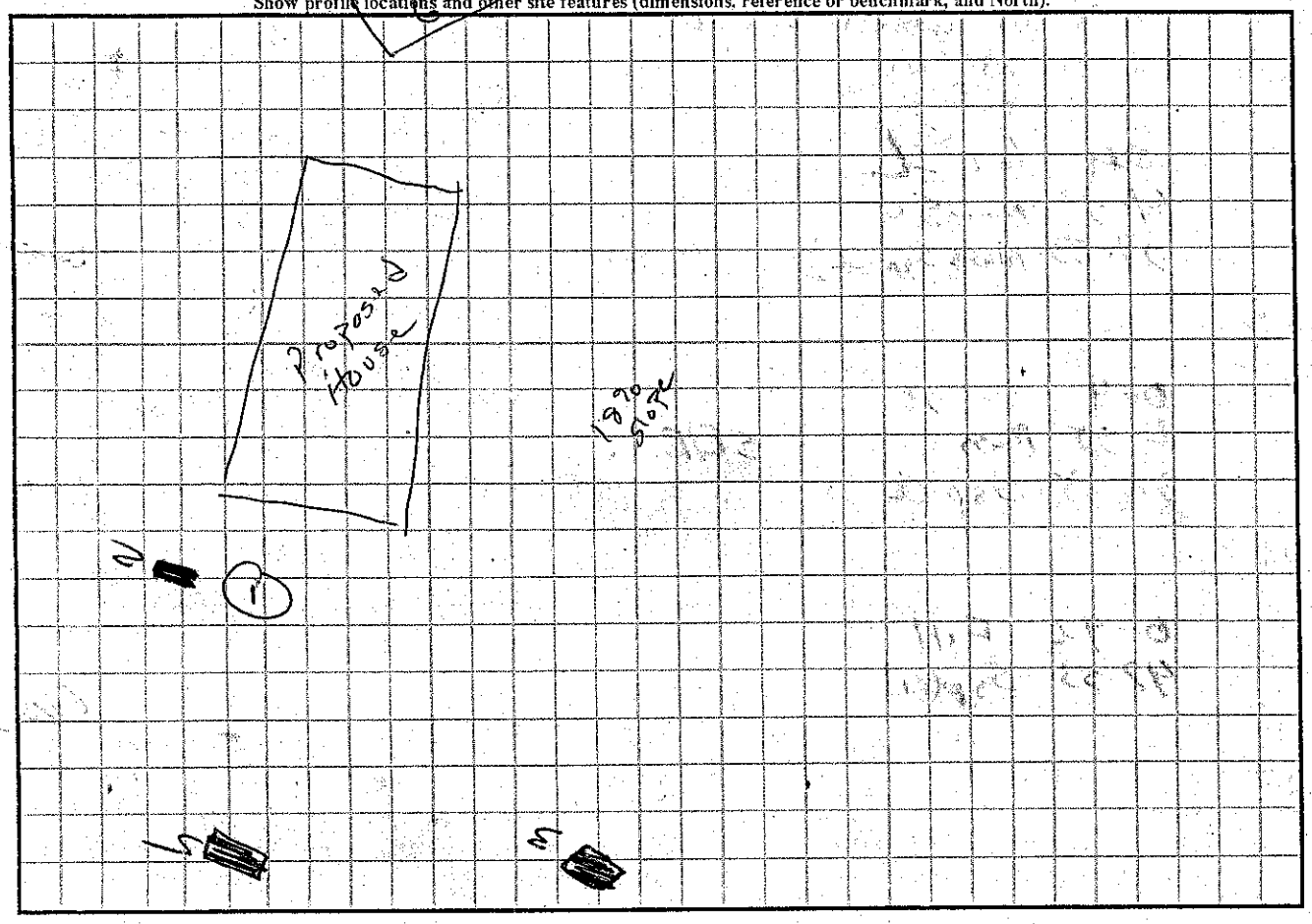
NOTES

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).



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Franklin
121 Town Loop #105
Mooresville, NC 28117

9590 9401 0038 5168 9790 85

2. Article Number *(Transfer from service label)*
7008 1830 0001 2123 1216

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* DAVID FRANKLIN C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☒ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	
☐ Insured Mail Restricted Delivery (over $500)	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7008 1830 0001 2123 1216

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ .48
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$6.73

TOWN POSTAL UNIT MOORESVILLE, NC 28677 OCT 05 2015 Postmark Here

Sent To
David Franklin
Street, Apt. No.; or PO Box No. 121 Town Loop #105
City, State, ZIP+4
Mooresville, NC 28117

PS Form 3800, August 2006 See Reverse for Instructions