IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1175 97 PIN# 4730-30-6719 DATE 2/13/04

OWNER OR CONTRACTOR David Ritchie PHONE: Business (704) 832-5055 Home (704) 528-0351

ADDRESS 275 Lockhard Circle Troutman, N.C. 28166

LOCATION 21 S, (R) Perth Rd, (R) State Park Rd (L) Lockhard Circle on left, beside 271 Lockhard Circle

SUBDIVISION Allison Acres I BLOCK / SECTION — LOT 12 LOT AREA .49 Acres SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1,000 Gallons; STB 312 Date 11-7-05
Pump Tank: 1,000 Gallons; PT 285 Date 11-5-05
Pump Make: Zoeller Model N152-A Serial No.
Nitrification Field: No Fields 1 Square Feet Eq/440 Linear Feet 240
No Lines 4 Trench Width 2Ft Max Trench Bottom Depth 36" Gravel Depth 6"

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: Low Pressure Pipe
Repair System Description: 15 NCAC 18A .1945(c)(1)
Maintenance Agreement Required: ☒ Yes ☐ No

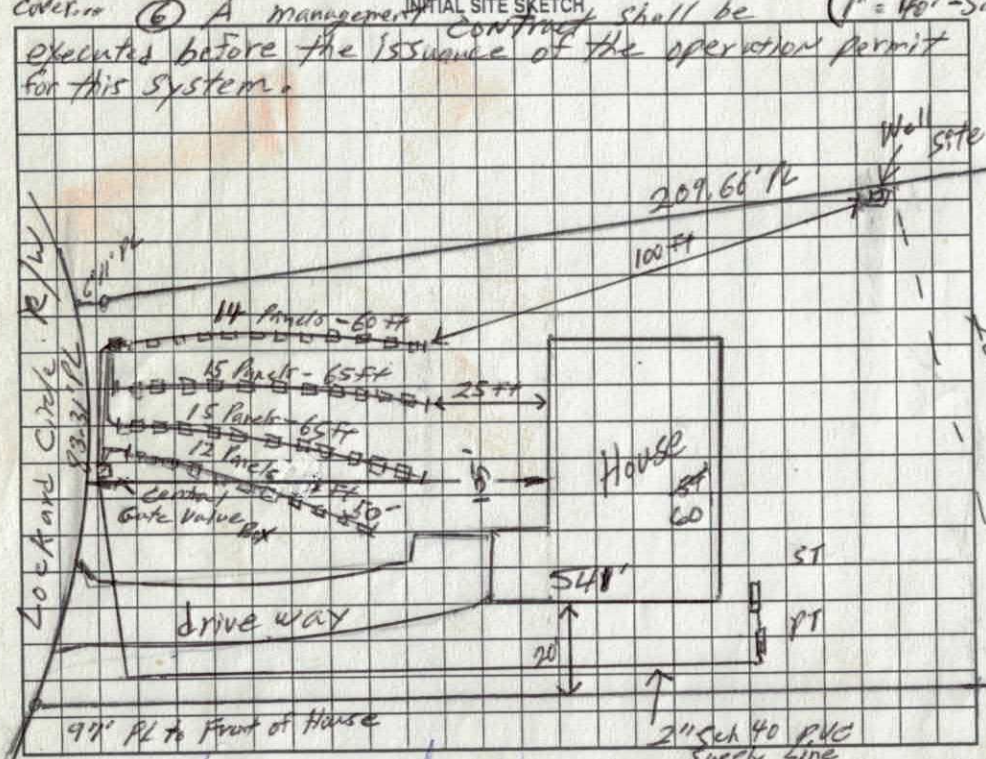
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

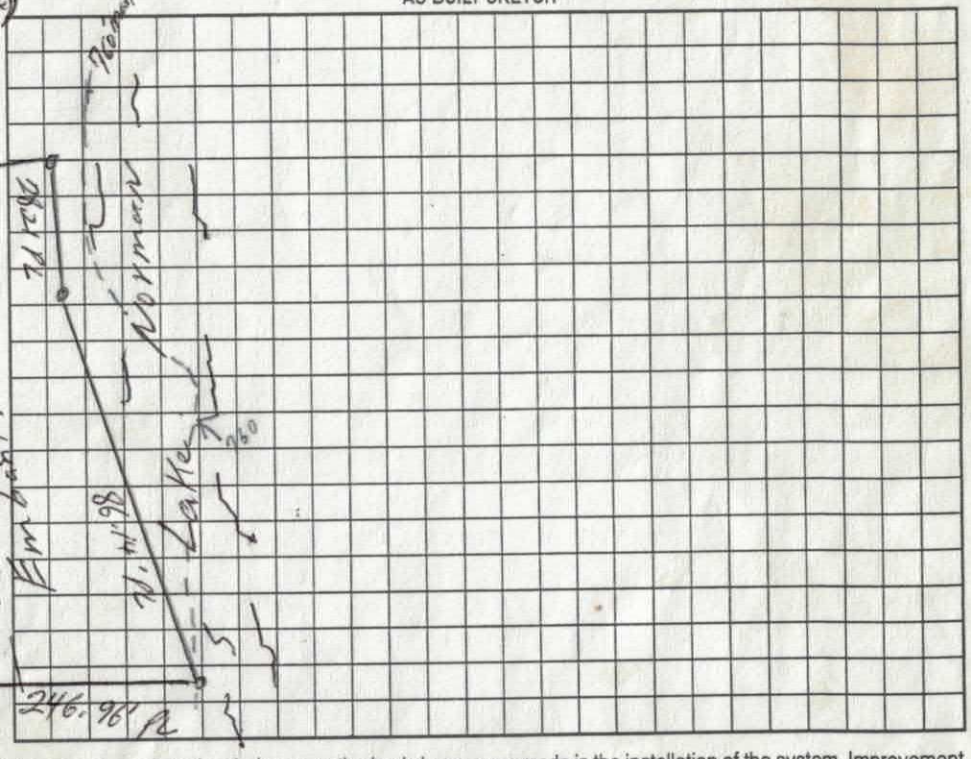
Comments:/Conditions: (1) Install 56 panels as shown w/ 40 tons of Sand (2) Rule 15A NCAC 18A .1951(a)(c)(3) Septic line maximum 5ft from PL (4) Attachments A+B are part of this permit (5) Rule .1950(c) ... effluent conveyed under areas subject to vehicular traffic, ductile iron or ... min. 30" compacted cover... (6) A management contract shall be executed before the issuance of the operation permit for this system.

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 40' - Scale)



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: Dennis Hoyle

Improvement Permit by: William O. Johnson date 2/13/04 Operation Permit by: James Hoyle date 3-21-06

Authorization to Construct by: William O. Johnson date 2/13/04 Existing System Inspection by: _____ date _____

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Ritchie APPLICANT: David Ritchie
ADDRESS: 271 Jackdaw Circle Fountain NC APPLICATION DATE: _____ DATE EVALUATED: 1/8/04
PROPOSED FACILITY: 4BR w/ Basement PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ~ 48 Ac
LOCATION OF SITE: Plumbing PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
Allison Acres Lot #12

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	PROFIL CLASS & LTAR
1	Linear	0-15	l/sl gr	vfr NS NP Kmp					PS .35
		15-24	scl wpk	fr SS sp SEKp					
		24-36	c/cl Abk	Fi S P SEKp	24" 40"				
		36-42	c w/sap sbk	fi SP SEK	Red/Yellow Mottles				
2	Linear	0-4	l gr	vfr NS NP KEKp					PS .25
		4-10	scl wpk	fr SS SP SEKp					
		10-32	c Abk	fi S P SEK	11-26" LtBrn mottles				
		32-64	Sap - l/clay Inclusions	fr SO NP SEK					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	LPP and	
Site LTAR	.35	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Bill Johnson
OTHER(S) PRESENT: James Hudson, David Ritchie

LEGEND

use the following standard abbreviations

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

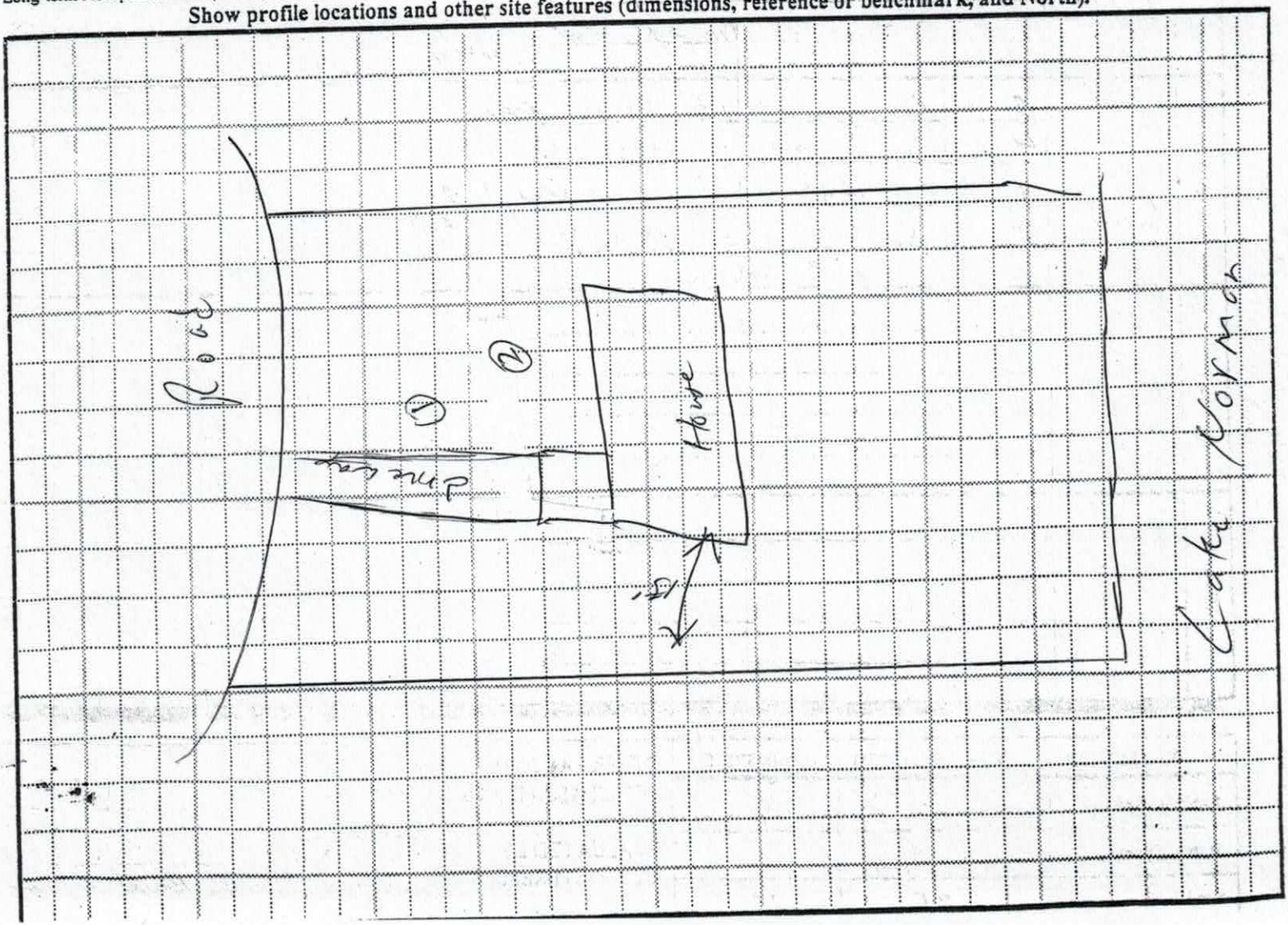
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Ritchie APPLICANT: David Ritchie
ADDRESS: Lockland APPLICATION DATE: _____ DATE EVALUATED: 1/14/05
PROPOSED FACILITY: 4BR w/Pressure PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
Approx Acres Lot #12

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	PROFIL CLASS & LTAR
1	Linear 1%	0-12	scl		8" LH BH matter				
		12-16	cl	ss sp sbk					
		16-21	cl w/ mica sap	ss sp sbk					
		21-40	sap			pres ffs			
2	Linear 1%	0-20	l/sl	ns np nsbk	8" YoBR/BRN/ Blockmottling to 42"				ffs
		20-27	scl	fr ss sp sbk					-30
		27-42	scl w/ sap mottle	fr ss sp sbk					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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)

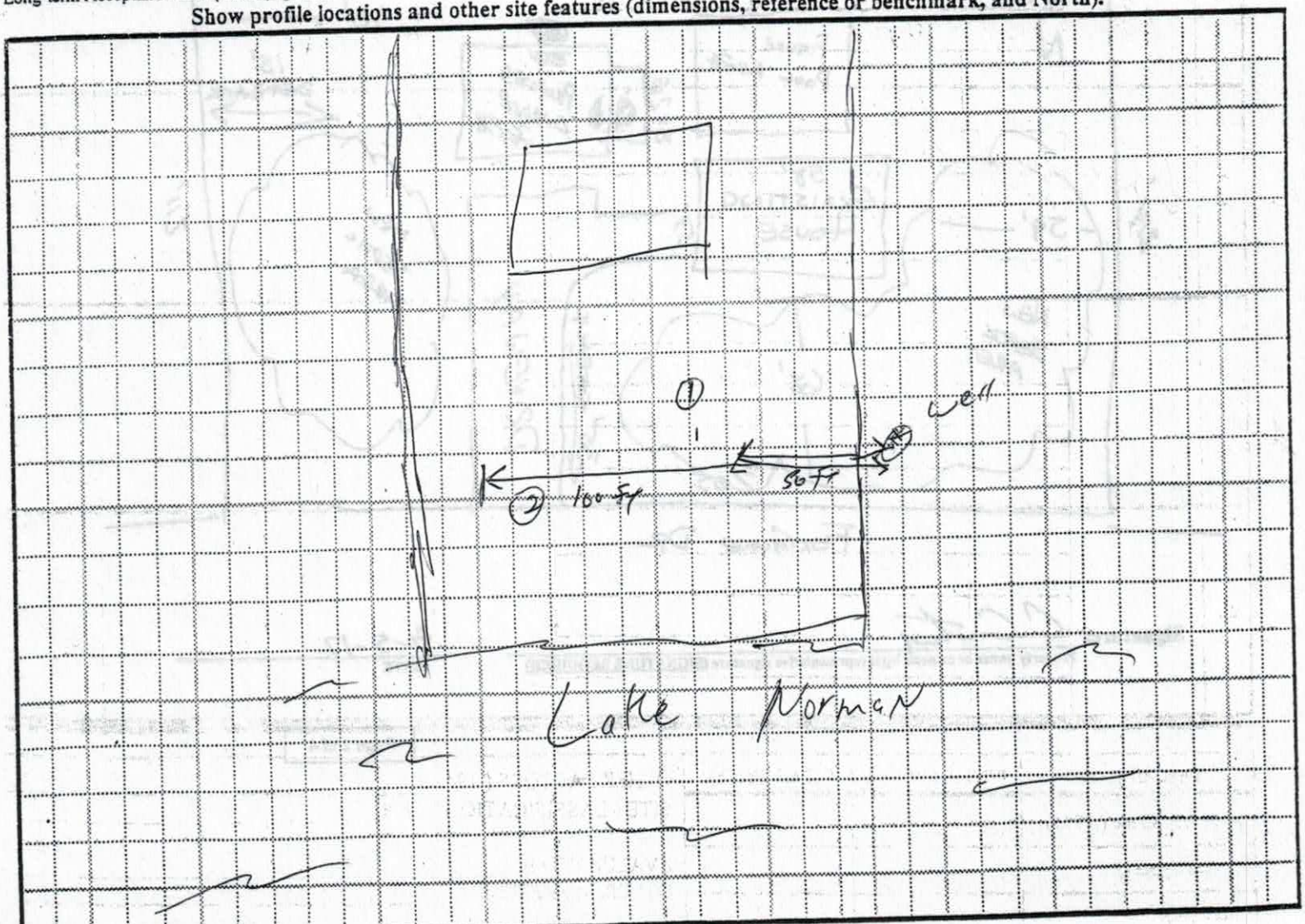
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



David Ritchie

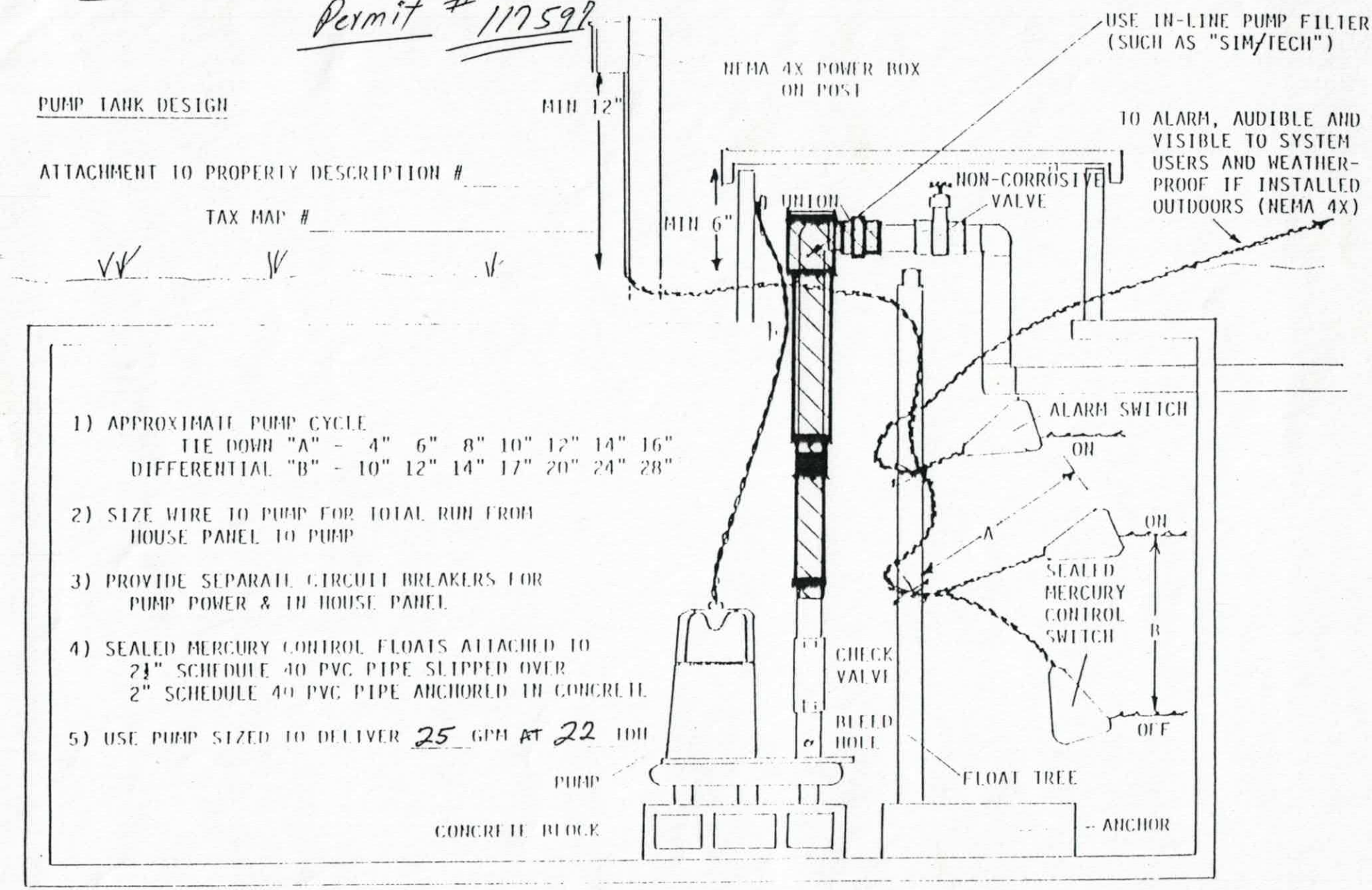
Attachment "B"

Permit # 117592

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # _____

TAX MAP # _____



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

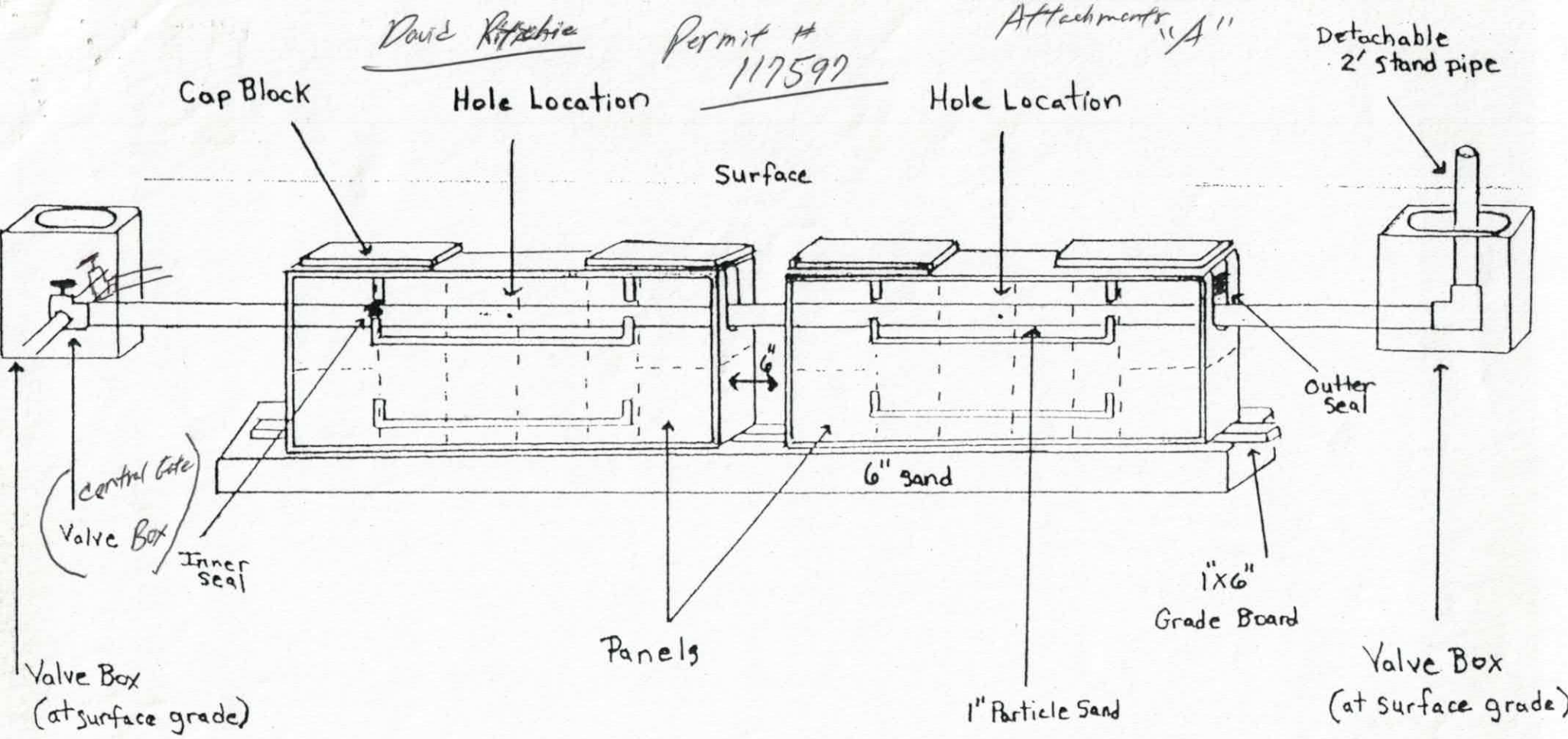
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO
   2½" SCHEDULE 40 PVC PIPE SLIPPED OVER
   2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 25 GPM AT 22 TDH

David Ritchie Permit # 117597 Attachments "A"



Pressure Dosed PPBPS

# of panels 56.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 40.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 25.
TDH 22.

Comments

(1) 2" Sch 40 PVC Supply Line. Rule .1950(c) ... If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However pipe specified in Rule .1955(c) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

David Ritchie	704 528-0351	271 Lockhart circle	Statesman	N.C.	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same as above				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private well		
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing ✓

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

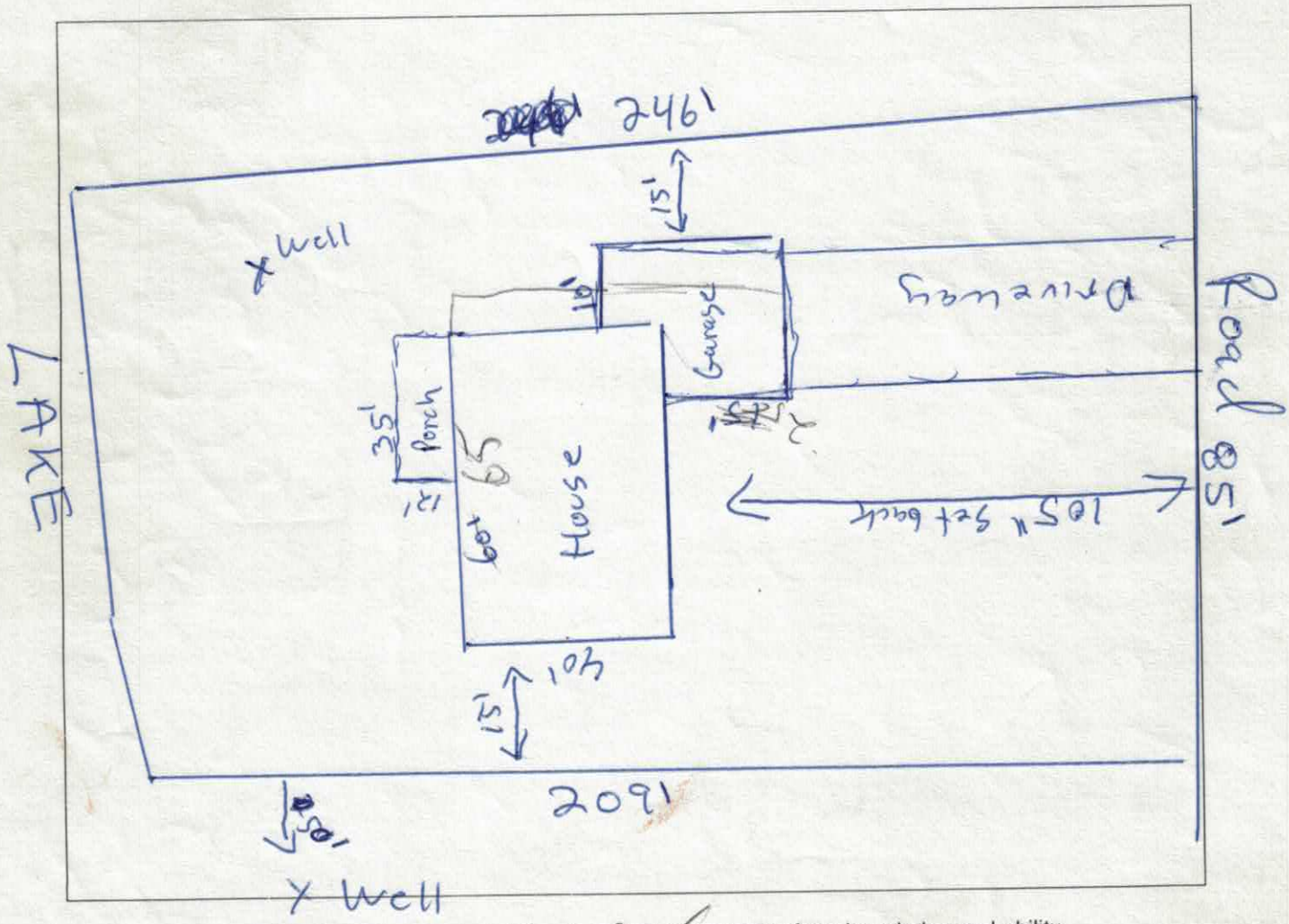
2/2/04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

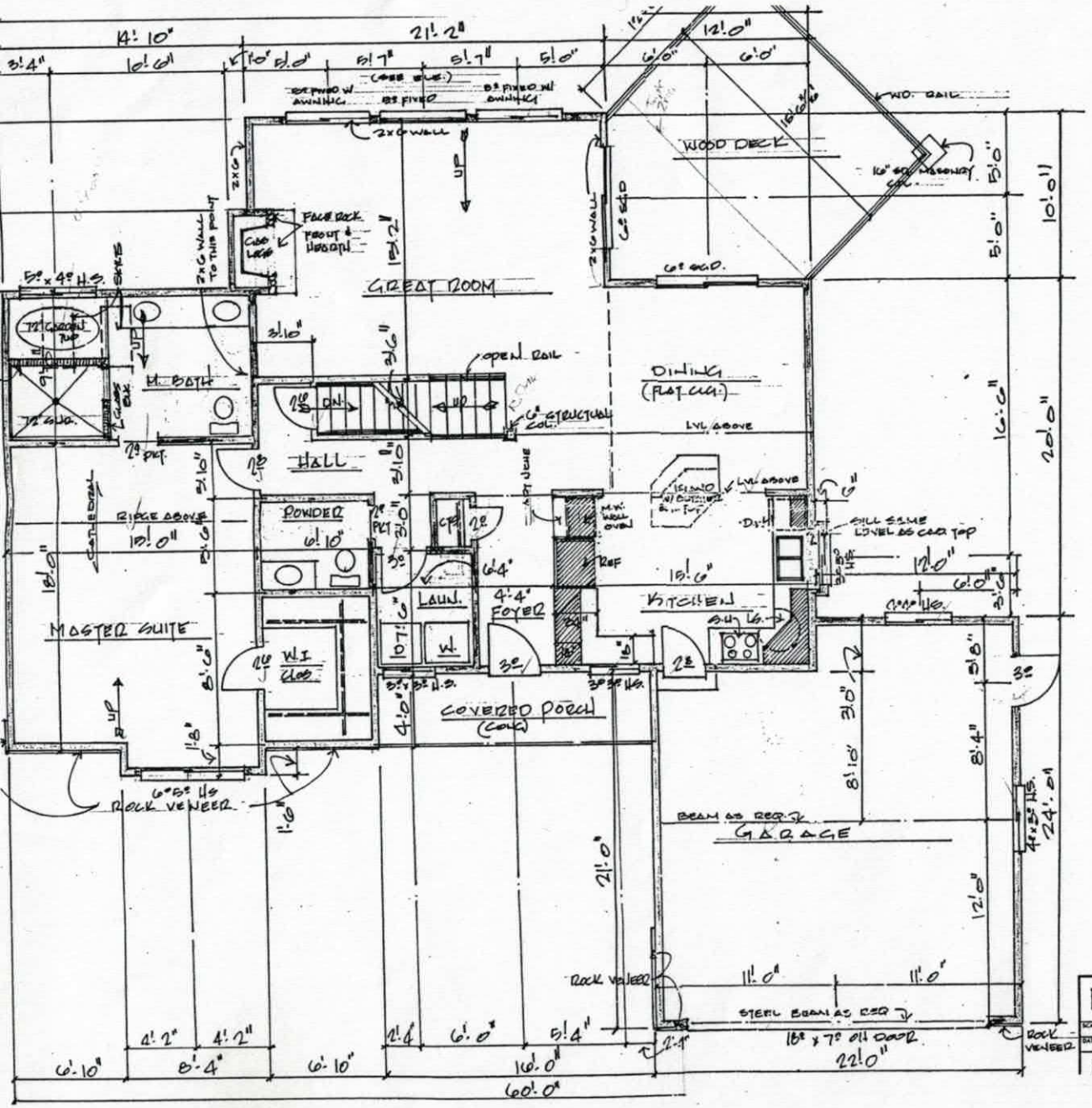
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

1/6/03 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



Acknowledgement Of Plans Submittal ONLY!

STEVE HEDRICK Date 6-28-05

Don Hanton Date 6-28-05

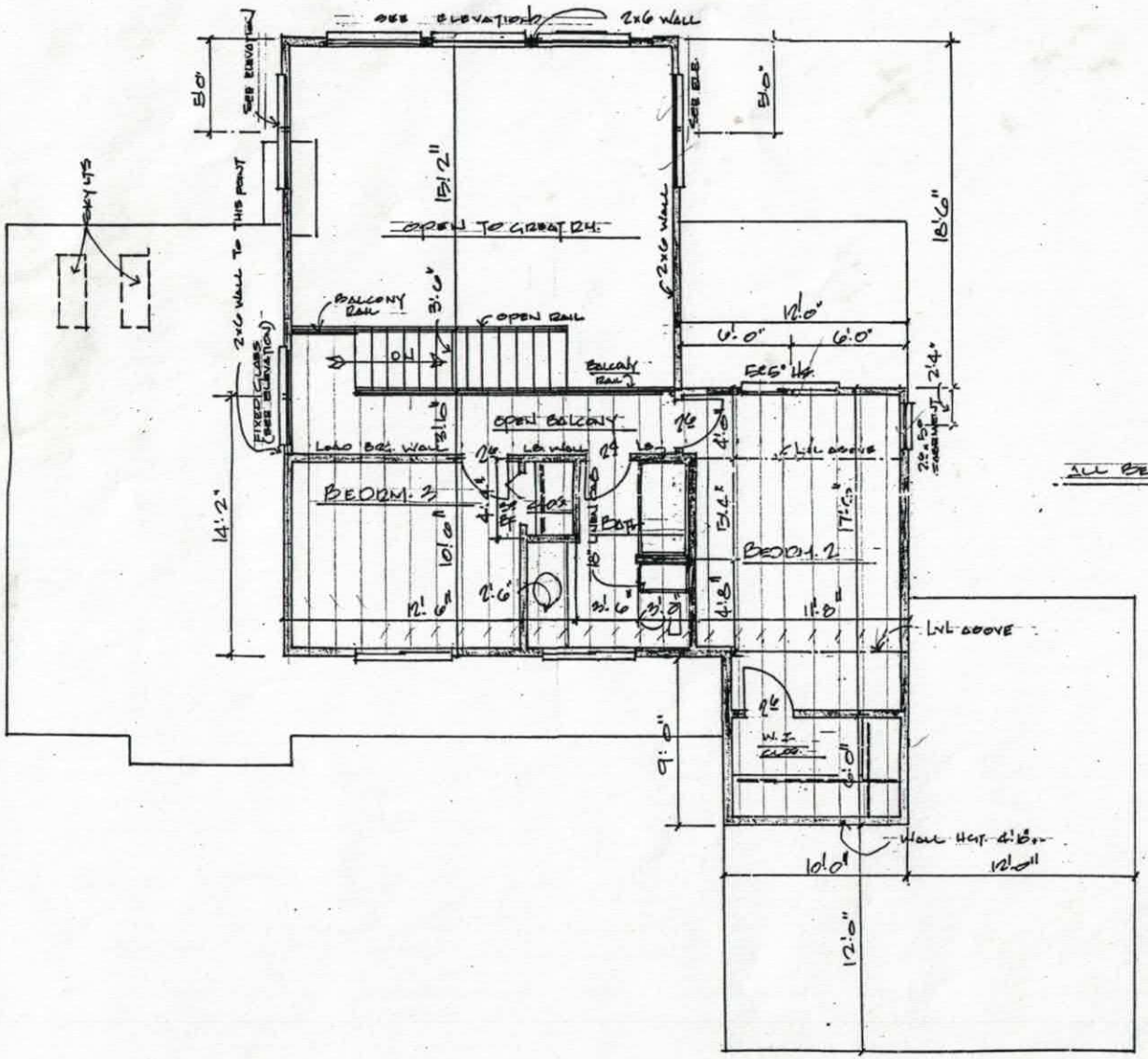
1402 ☐ HEATED

EDGE RESIDENCE

SCALE: APPROVED BY:

DATE:

FIRST FL AND R. 1



ALL BEDRMS TO HAVE PLAT

sloped

Acknowledgement Of
Plans Submittal ONLY!

STEVE HEDRICK Date 6-28-05

Date 6-28-05

470 # HEATI
93 # TOOLS

EDGE RESI

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	117597ZO ✓	Subdivision:	
Proposed Use: Single Family		Township:	1500 Fallstown
Location of Property: 000 Lockhard Circle Troutman NC 28166			
Parcel #:	4730-30-6719 ✓	Zoning:	R20
Lot #:	12 Size: .48	Flood Plain:	Yes Watershed: WSIV-CA
Applicant:	David Ritchie	Owner:	Jimm Gregory
Address:	271 Lockhard Circle Troutman NC 28166	Address:	271 Lockhard Cr. Troutman, NC 28166
Phone:	704-528-9427	Phone:	
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer: N/A

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21,780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Single family residential construction on vacant land. Subject parcel has a AE code for flood, therefore is in a flood zone. According to FEMA map, flooding would only go as far as a foot above the 760 line and the home will be located out of the 50 ft buffer zone, hence flood certification will not be required.

Directions:

21S, R Wagoner St., R State Park, L Lockhard cirlce, half a mile on the left, next 271 Lockhard Cr.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL Printed: 12/3/03

1 | esb

Cash